



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

PROVIDER	MONICA PATRICIA SANTANA ECHEVERRIA			LICENSE NUMBER	DCFH.57839	DATE OF INSPECTION	04/15/2026
				EXPIRATION DATE	5/31/2027	TIME OF INSPECTION	01:42 PM
ADDRESS	42 TIERNEY ST NORWALK CT 06851-5923			TELEPHONE	(475) 225-7288	REGULAR CAPACITY	6
				HOURS OF OPERATION	7:30 AM - 5:30 PM	SCHOOL AGE CAPACITY	3
				DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS	# UNDER 18 MTHS PRESENT	1	WEEKEND HOURS	No
		X		TOTAL CHILDREN PRESENT	9	NIGHT HOURS	No
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL			INSPECTOR'S NAME	Ana Sanchez		
PROVIDER'S EMAIL	tuprincesa2401@yahoo.es			INSPECTOR'S EMAIL	ana.m.sanchez@ct.gov		
KEY:	<i>Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).</i>						
COMPLIANT = X	<i>Monica S. E.</i> Signature of Provider/Substitute/Applicant						
NON-COMPLIANT = O							

TERMS OF THE LICENSE 19a-87b-5

X	4. 5(d)(10(a)) CAPACITY	
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?
X	6. 5(e) INFANT/TODDLER RESTRICTION	
X	7. 5(f)(2) LICENSE POSTED	
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER	
X	9. 5(h) PHOTO ID	
X	10. 5(i) REQUESTS FOR INFORMATION	
	11. 5(j) NOTIFICATION OF CHANGE	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT	
	EXPIRATION DATE: 02/07/2027	

X	14. 6(c)(1) FIRST AID CERTIFICATE	
	EXPIRATION DATE: 01/28/2027	
X	15. 6(c)(2) CPR CERTIFICATE	
	EXPIRATION DATE: 01/28/2027	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. 7(a) MEDICAL STATEMENT	
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:	Zoila Echevarria Cordova	Appvl #	DCFS.93101
		Y	NAME:	Patricia Alejandra Castillo Mira	Appvl #	DCFS.92874
	PRESENT AT VISIT?					
	Y					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	
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PHYSICAL ENVIRONMENT 19a-87b-9

	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
	23. 9(b) FREEDOM OF HAZARDS	
	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	
	25. 9(c) BIO- CONTAMINANTS DISPOSED SAFELY	
	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	
	27. 9(d)(2) SAFE DOOR FASTENERS	
	28. 9(d)(3) ELECTRICAL SAFETY	

	29. 9(d)(4)-(A) SAFE EXITS		
X	30. 9(d)(4)(A) BASEMENT SUPERVISION	Y/N	
	USED FOR CARE ?	N	
		Y/N	
	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS		
	32. 9(d)(4)(E)-(5) EMERGENCY PLAN		
	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG		
	34. 9(d)(6) SMOKE DETECTORS		
	35. 9(d)(7) CARBON MONOXIDE DETECTOR		
	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED		
X	37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM	TYPE:	APPROVED?
	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION		
	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT INDOORS OUTDOORS		
X	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE:	BARRIER:
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE		
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°		
	43. 9(g) WINDOW SAFETY		
	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES		
	45. 9(i) ADEQUATE AND SAFE WATER - TYPE OF SYSTEM: Public Water		
	46. 9(h) WATER TEMPERATURE- 60°-120°		

	47. 9(j) PASTEURIZATION OF MILK SUPPLY	
	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED	
	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	
X	51. 9(o) PET PROTECTION PETS?	TYPE of PETS: 1 dog
	RABIES CERTS?	Y/N Y
	52. 9(p) <u>Smoking Prohibited</u>	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. 10(b)(1) ENROLLMENT FORM	
O	54. 10(b)(2) CHILD HEALTH RECORD	Provider not in compliance with maintaining current child health records for 1 enrolled child whose health record on file expired in 2025.
O	55. 10(b)(2)(v)(I) IMMUNIZATIONS	Provider not in compliance with maintaining a medical exemption certificate approved by the CT Department of Public Health for 1 enrolled child.
X	56. 10(b)(3)(B) EMERGENCY PERMISSION	
X	57. 10(b)(3)(A) AUTHORIZED RELEASE	
X	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
O	60.10(b)(4) INCIDENT LOG	Provider not in compliance with maintaining an incident log for each child when incident logs were missing for 5 enrolled children.
	61. 10(b)(5) CONFIDENTIALITY	
	62. 10(c) MEETING THE CHILD'S NEEDS	
	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

	64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
	65. 10(c)(3) HANDWASHING	
	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
	67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	
	69. 10(d) INDIVIDUAL PLAN FOR CARE	
	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
	75. 10(f)(5) INFANTS NOT SWADDLED	
	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
	78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	

	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
	84. 10(i)(3) IMMEDIATE ATTENTION	
	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)(2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

SICK CHILD CARE 19a-87b-11

	91. 11(a)(1)-(3) SICK CHILD CARE	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
	96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	
	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	
	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	
	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
	101. (b)(4)(A-B) MAR MAINTAINED	
	102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED	
	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
	104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
	105. (b)(6) SELF - ADMIN. OF MEDS	
	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	107. (d) POTASSIUM IODIDE (KI)	
	N/A Y	

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

X	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

X	110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
X	111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
X	112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
X	113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS	

ADDITIONAL VIOLATIONS

114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
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WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	3 out of 42
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DISCUSSIONS/COMMENTS

The licensing specialist was unable to complete the inspection today. The licensing specialist will return to complete the provider's full inspection.

IMPORTANT NOTES

* It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
 * Only the regulations marked as compliant or non-compliant were monitored or discussed.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	Ana Sanchez	MONICA PATRICIA SANTANA ECHEVERRIA	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by: 04/29/2026	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: ana.m.sanchez@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf