



**Connecticut Office of Early Childhood**

**Division of Licensing**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

|   |                                     |   |
|---|-------------------------------------|---|
| <b>Provider:</b> <u>Monica Santana Echeverria</u> | <b>License Number:</b> <u>57839</u> | <b>Date of Inspection:</b> <u>4/17/2026</u> |
|---|-------------------------------------|---|

**Responsibilities of Provider 19a-87b-10 (continued)**

- 67. Personal Articles: Blanket/Towel/Toilet Articles
- 68. Proper Rest Provisions/Safe Cribs
- 69. Individual Plan for Care (Written if Applicable)
- 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- 71. Infant Care- Individual Attention/Held for Bottle Feedings
- 72. Infants Placed on Back for Sleeping
- 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- 74. Crib or other Provision Free from Observable Hazards
- 75. Infants not Swaddled
- 76. Infants Supervised- observed minimum every 15 minutes
- 77. Req. for Sleep Arrangements Posted/Discussed
- 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- 79. Parent Information and Access
- 80. Developmental Milestones-Posted
- 81. Supervision-At all Times- Indoors/Outdoors
- 82. Personal Schedule-Alert/Competent Attention
- 83. Full Attention-Distractions/Employment/Socialization
- 84. Immediate Attention
- 85. Substitute/Emergency Caregiver Present
- 86. Appropriate Discipline/Behavior Management
- 87. Discuss Behavior Management Methods w/Staff/Parents
- 88. Child Protection: Abuse/Neglect
- 89. Notify OEC within 24 hrs.: Death/Serious Injury
- 90. Mandated Reporting of Abuse/Neglect to DCF

**Sick Child Care 19a-87b-11**

- 91. Sick Child Care

**Night Care 19a-87b-12 (Y/N) (10pm to 5am)**

- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

**Office Access, Inspections and Investigations 19a-87b-13**

- 93. Access- Immediate/Entire or Part of Facility/Records

**Administration of Medications 19a-87b-17**

- 94. Policies and Procedures for Admin of Meds
- 95. Parent Permission for Nonprescription Topical Meds
- 96. Notification and Documentation of Medication Error(s)
- 97. Nonprescription Topical Meds – Stored/Labeled
- 98. Unused/Expired Nonprescription Meds
- 99. Documented Medication Trained Staff
- 100. Written Authorized Prescriber/Parent Permission
- 101. MAR Maintained
- 102. Prescription Meds – Stored/Labeled
- 103. Unused/Expired Prescription Meds
- 104. Emergency Meds – Equip Labeled/Current
- 105. Self-Administration of Meds
- 106. Petition for Special Medication Authorization
- 108. Policies for Finger Stick Blood Glucose Testing
- 109. Finger Stick Blood Glucose Testing – Staff Trained
- 110. Self Admin of Finger Stick Blood Glucose Testing
- 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- 112. Finger Stick Blood Glucose Testing Records
- 113. Parent Notification of Test Results

**Additional Violations**

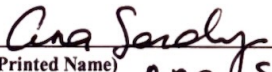
- 114. Consent Order/Negotiated Corrective Action Plan

N/A

**Discussions/Comments:**

Today's inspection was day 2 of the full inspection that was started on 4/15/2026. Items left blank were previously inspected on day 1 of the unannounced full inspection conducted on 4/15/2026.

**APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.**

|  |   |   |
|--|---|---|
| (Signature of OEC Representative)<br><br>(Printed Name) <u>Ana Sanchez</u> | Date Corrections Due By:<br><u>5/1/2026</u> | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br><u>mailed to provider</u><br>(Printed Name) |
|--|---|---|

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Monica Santana Echeverria Date: 4/17/26 Time: 9:54 AM

Location Address: 42 Tierney Street Norwalk CT 06851 Telephone #: 475-225-7288

e-mail address: tuprincesa2401@yahoo.es License #: 57839 Expiration Date: 5/31/2027

Capacity: 9 # of Children Present: 9 # of Staff Present: 3

**Consent to Inspect  
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Day 2 of unannounced full inspection

Observations/Corrections needed:

#46 Water Temperature - Provider not in compliance with  
maintaining a safe water temperature between 60° and 120°  
when water temperature was measured at 126.3° Fahrenheit.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO  
OEC BY: 5/1/2026

Signature: Ana Sanchez  
(OEC Representative)

Print Name: Ana Sanchez

Signature: \_\_\_\_\_  
(Person in Charge)

Print Name: mailed to provider