



DIVISION OF LICENSING

FAMILY CHILD CARE HOME INSPECTION

Provider	MARY TALLEY				License Number	DCFH.32039	Date of Inspection	12/06/2023
					Expiration Date	4/30/2026	Time of Inspection	01:53 PM
Address	86 SWAMPSCOTT STREET WEST HAVEN CT 06516				Telephone	(203) 934-1044	Regular Capacity	6
					Days and Hours	MONDAY - FRIDAY. 3:10pm-8:10am.	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	<input checked="" type="checkbox"/>			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	0	# of Total Children Present	0	Inspector's Name	Linda Johnson Moylan		
Provider's Email	marytalley71@gmail.com				Inspector's Email	linda.moylan@ct.gov		
Key: Compliant = X Non-Compliant = O	<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>							
					<i>Mary Talley</i> Signature of Provider/Substitute/Applicant			

TERMS OF REGISTRATION 19a-87b-5

<input checked="" type="checkbox"/>	4. Capacity	
<input checked="" type="checkbox"/>	5. Non-transferability of license	Pending?
<input checked="" type="checkbox"/>	6. Infant/Toddler Restriction	
<input checked="" type="checkbox"/>	7. License Posted	
<input checked="" type="checkbox"/>	8. Parent Access to OEC Phone Number	
<input checked="" type="checkbox"/>	9. Photo ID	
<input checked="" type="checkbox"/>	10. Requests for Information	
<input checked="" type="checkbox"/>	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

<input checked="" type="checkbox"/>	12. Awareness of, Understanding of Regulations	
<input checked="" type="checkbox"/>	13. Medical statement	
	Expiration date:	12/29/2023
<input type="checkbox"/>	14. First Aid Certificate	Failed to maintain valid certificate
	Expiration date:	08/28/2023

○	15. CPR Certificate	Failed to maintain valid certificate
	Expiration date: 08/28/2023	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	Failed to maintain medical statement(s)
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
X	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

○	21. Background Check(s)	Failed to ensure comprehensive background check(s) read current for household member.
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment	
X	23. Freedom of Hazards	
X	24. Harmful Substances/Materials Inaccessible	
X	25. Bio-contaminants Disposed Safely	
X	26. Safe Storage of Flammables	
X	27. Safe Door Fasteners	
X	28. Electrical Safety	
X	29. Safe Exits	
X	30. Basement Supervision	Y/N Y
	Used for Care ?	Y/N Y
X	31. Stairways - Protected, Handrails	
○	32. Emergency Plan	Failed to maintain a written emergency plan

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
X	35. Carbon Monoxide Detector	
X	36. Fire Extinguisher- 5 lb. ABC/Installed	
X	37. Auxiliary Heating System Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
X	39. Safe Space-Sufficient Indoors Outdoors	
X	40. Body of Water-Type: Barrier?	Y/N
X	41. Hot Tubs-Locked - Inaccessible	Y/N
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
X	44. Washing Toileting, Sewage Garbage Facilities	
X	45. Adequate and Safe Water - Type of System: Public Water	
X	46. Water Temperature- 60°-120°	
X	47. Pasteurization of Milk Supply	
O	48. Working Phone, Emergency Numbers Posted	Failed to ensure emergency numbers posted in an area where child care services are provided
X	49. Safe Transportation Registered, Insured, Restraints	
X	50. First Aid supplies	
X	51. Pet protection Pets? Rabies Certs?	Type: N
X	52. Smoking Prohibited	
RESPONSIBILITIES OF PROVIDER 19a-87b-10		
O	53. Enrollment Form	Failed to maintain complete child enrollment form(s)

<input type="radio"/>	54. Child Health Record	Failed to maintain child health record(s)
<input type="radio"/>	55. Immunizations	Failed to maintain complete immunization record(s)
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input checked="" type="checkbox"/>	57. Authorized Release	
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="checkbox"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	

SICK CHILD CARE 19a-87b-11

X	91. Sick Child Care	
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IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12
(10pm to 5am)

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? Y ADMINISTRATION OF MEDICATIONS 19a-87b-17

X	94. Policies and Procedures for Admin of Meds	
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
X	99. Documented Medication Trained Staff	
X	100. Written Auth Prescriber/Parent Permission	
X	101. MAR Maintained	
X	102. Prescription Meds - Stored/Labeled	
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

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

X	108. Policies for Finger Stick Blood Glucose Testing	
X	109. Finger Stick Blood Glucose Testing - Staff Trained	
X	110. Self Admin of Finger Stick Blood Glucose Testing	
X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
X	112. Finger Stick Blood Glucose Testing Records	

X	113. Parent Notification of Test Results	
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ADDITIONAL VIOLATIONS

X	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
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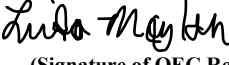
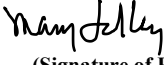
YES or NO? Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS:
 First aid kit, personal care items.

COMMENTS:

NOTE: Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Linda Johnson Moylan (Printed Name)	 (Printed Name)	12/20/2023	MARY TALLEY (Printed Name)