



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SHELLY FISHER-PARSLEY		License Number	DCFH.53859	Date of Inspection	10/08/2024
			Expiration Date	8/31/2025	Time of Inspection	01:32 PM
Address	319 TALMADGE RD CHESHIRE CT 06410-2909		Telephone	(508) 369-0701	Regular Capacity	6
			Days and Hours	M - F 7 A.M. - 5 P.M.	School Age Capacity	3
# Children Present	4	# Under 18 months present	2		Summer Care	Open
Purpose of Inspection	Partial Inspection for Violations Cited at full inspection conducted on June 14th, 2024 for safe sleep, meeting		Name of Inspector	Patty Tyburski		
Provider's Email	farvy4ever@juno.com		Inspector's Email	patricia.tyburski@ct.gov		

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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:



YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Observed compliance with all previously cited violations:
62 - meeting children's needs
68 - proper rest; pack and play was free of an insert, only original mattress was present with a sheet
71 - infants held for bottle feedings
Discussed:
During child care hours when children are on site no one can be anywhere on the property using any type of smoking device..

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.
- 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 –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 Person in Charge)
Patty Tyburski (Printed Name)	SHELLY FISHER-PARSLEY (Printed Name)

DATE
CORRECTIONS
DUE BY: