



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARY B GALGANO				License Number	DCFH.56262	Date of Inspection	02/27/2025
					Expiration Date	2/28/2029	Time of Inspection	03:15 PM
Address	195 CHARLES ST TORRINGTON CT 06790-3821				Telephone	(860) 307-9048	Regular Capacity	6
					Hours of Operation	6:00 AM 6:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	5	Night Hours	No
Type of Inspection	Partial inspection, records check only.				Inspector's Name	Jannie Thornton		
Provider's Email	MARYGALGANO@YAHOO.COM				Inspector's Email	jannie.thornton@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).

Mary B Galgano

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:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
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: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
--	---

Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
--	---

Statute and/or Regulation: [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(1)]	Description: 055-Immunizations
---	---------------------------------------

Statute and/or Regulation: [19a-87b-10(b)(3)(B)]	Description: 056-Emergency Permission Form
---	---

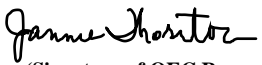

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
-------------------	---

DISCUSSIONS/COMMENTS

Records check only. I will return at another time to complete the inspection.
Some technical assistance given with BCIS.

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 OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Jannie Thornton (Printed Name)	 (Printed Name)		MARY B GALGANO (Printed Name)