



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

**FAMILY CHILD CARE HOME INSPECTION**

Provider	MARIA ROSALIE REILLY				License Number	DCFH	Date of Inspection	08/21/2025
					Expiration Date		Time of Inspection	08:35 AM
Address	95 SAW MILL DR WALLINGFORD CT 06492-4949				Telephone	(203) 427-3380	Regular Capacity	6
					Hours of Operation	7:00 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	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	INITIAL CREDENTIAL INSPECTION				Inspector's Name	Jannie Thornton		
Provider's Email	mandareilly2910@yahoo.com				Inspector's Email	jannie.thornton@ct.gov		

Key:  
 Compliant = X  
 Non-Compliant = O

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).  
*Maria Reilly*

Signature of Provider/Substitute/Applicant

**TERMS OF REGISTRATION 19a-87b-5**

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

**QUALIFICATION OF PROVIDER 19a-87b-6**

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	03/13/2028
X	14. First Aid Certificate	
	Expiration date:	03/05/2027

<b>X</b>	<b>15. CPR Certificate</b>	
	Expiration date:	
	03/05/2027	
<b>X</b>	<b>16. Judgment</b>	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>X</b>	<b>17. Medical Statement</b>	
<b>X</b>	<b>18. Household Environment</b>	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	<b>19. Sub/Assistant</b>	<b>Y/N</b>	<b>Name:</b>		<b>Appvl #</b>	
	Type of Staff :	N				
<b>X</b>	<b>20. Emergency Caregiver</b>					

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<b>X</b>	<b>21. Background Check(s)</b>	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

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

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log		
<b>X</b>	34. Smoke Detectors		
<b>X</b>	35. Carbon Monoxide Detector		
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<b>X</b>	40. Body of Water-Type: Pool Barrier?	Y/N Y Y	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<b>X</b>	42. Ventilation, Light and Temperature- 65°		
<b>X</b>	43. Window Safety		
<b>X</b>	44. Washing Toileting, Sewage Garbage Facilities		
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water		
<b>X</b>	46. Water Temperature- 60°-120°		
<b>X</b>	47. Pasteurization of Milk Supply		
<b>X</b>	48. Working Phone, Emergency Numbers Posted		
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints		
<b>X</b>	50. First Aid supplies		
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: 4 cats, 1 dog Y Y	
<b>X</b>	52. Smoking Prohibited		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	53. Enrollment Form		
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<b>X</b>	54. Child Health Record	
<b>X</b>	55. Immunizations	
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission- To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

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

### SICK CHILD CARE 19a-87b-11

<b>X</b>	91. Sick Child Care	
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### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

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

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
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<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
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<b>X</b>	96. Notification - Documentation of Med Error(s)	
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<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
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<b>X</b>	98. Unused - Expired Nonprescription Meds	
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<b>X</b>	99. Documented Medication Trained Staff	
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<b>X</b>	100. Written Auth Prescriber/Parent Permission	
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<b>X</b>	101. MAR Maintained	
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<b>X</b>	102. Prescription Meds - Stored/Labeled	
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<b>X</b>	103. Unused/Expired Prescription Meds	
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<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
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<b>X</b>	105. Self-Admin. Of Meds	
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<b>X</b>	106. Petition for Special Medication Authorization	
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**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	
<b>X</b>	<b>113. Parent Notification of Test Results</b>	

**ADDITIONAL VIOLATIONS**

	<b>114. Consent Order - Negotiated Corrective Action Plan</b>	N/A?	
		<b>X</b>	



<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>No</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>0 out of 109</b>
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**DISCUSSIONS/COMMENTS**

*(This area is currently blank for discussions and comments.)*

**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.*
- *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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
<b>Jannie Thornton</b> (Printed Name)	 (Printed Name)		<b>MARIA ROSALIE REILLY</b> (Printed Name)