



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

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| Provider | MARY TALLEY | | | | License Number | DCFH.32039 | Date of Inspection | 03/18/2026 |
| | | | | | Expiration Date | 4/30/2026 | Time of Inspection | 03:33 PM |
| Address | 86 SWAMPSCOTT STREET WEST HAVEN CT 06516 | | | | Telephone | (203) 934-1044 | Regular Capacity | 6 |
| | | | | | Hours of Operation | 6:00 AM – 7:00 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 | FOLLOW UP INSPECTION 2/19/2026 OUTDOOR SPACE | | | | Inspector's Name | Silvana Carreon Zegarra | | |
| Provider's Email | marytalley71@gmail.com | | | | Inspector's Email | silvana.carreon-zegarra@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

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| 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-9(f)(1-2)] | Description: 039-Indoor/Outdoor Space-Safe and Sufficient |
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| Statute and/or Regulation: | Description: |
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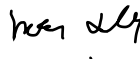
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| WERE VIOLATIONS CITED DURING THIS VISIT? | YES/NO: No |
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DISCUSSIONS/COMMENTS

No violations were found during the inspection. The provider only cares for her two school-age grandchildren. Discussion about the neighbor's above ground pool.

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. Providers are required by statutes and regulations to be in compliance at all times.
- **APPLICANTS** –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

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|  (Signature of OEC Representative) | | DATE CORRECTIONS DUE BY: |  (Signature of Provider/Substitute/Applicant) |
| Silvana Carreon Zegarra (Printed Name) | (Printed Name) | | MARY TALLEY (Printed Name) |