



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	CARMEN FIORE		License Number	DCFH.57186	Date of Inspection	02/14/2024
			Expiration Date	4/30/2027	Time of Inspection	11:15 AM
Address	589 PLAINFIELD PIKE PLAINFIELD CT 06374		Telephone	(860) 634-8402	Regular Capacity	6
			Days and Hours Sun-Sat 7:30AM-4:30PM	School Age Capacity	3	
# Children Present	5	# Under 18 months present		2	Summer Care	Open
Purpose of Inspection	Follow up to 2/6/24 visit		Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	lilimelcare@yahoo.com		Inspector's Email	evelyn.vicente-quinones@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

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-9(d)(5)]	033-Emergency Evacuation Drills-Quarterly	Provider has completed, practiced and posted her emergency evacuation drills
[19a-87b-9(m) and/or 19a-87b-9(n)]	050-First Aid Supplies	Provider purchased tweezers and scissors, her first aid kit is now complete
[19a-87b-9(o)]	051-Pets	Provider has current documentation of rabies vaccine for her dog

[19a-87b-10(c)(4)]	066-Flexible and Balanced Schedule	Provider has created and posted a flexible and balanced schedule; which was observed to be followed at todays visit
[19a-87b-10(f)(8)]	077-Reqts for Sleeping Arrangements Posted/Discussed	Provider has printed and posted sleep arrangements for infants. Provider was able to articulate requirements and was observed to follow said requirements during todays visit (place infant to nap in supine position in hazard free crib with snug fitted mattress sheet.)
[19a-87b-10(h)(10)]	080-Dev. Milestones	Provider has printed and posted developmental milestones document

<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Comments:

NOTE: 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.

		DATE CORRECTIONS DUE BY:	
(Signature of OEC Representative)	(Signature of OEC Representative)		(Signature of Person in Charge)
Evelyn Vicente-Quinones			CARMEN FIORE
(Printed Name)	(Printed Name)		(Printed Name)