



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                              |                                            |                         |                                |                     |            |
|------------------------------|--------------------------------------------|-------------------------|--------------------------------|---------------------|------------|
| Provider                     | CARMEN FIORE                               | License Number          | DCFH.57186                     | Date of Inspection  | 05/02/2025 |
|                              |                                            | Expiration Date         | 4/30/2027                      | Time of Inspection  | 12:30 PM   |
| Address                      | 589 PLAINFIELD PIKE<br>PLAINFIELD CT 06374 | Telephone               | (860) 634-8402                 | Regular Capacity    | 6          |
|                              |                                            | Hours of Operation      | 7:30 AM 4:30 PM                | School Age Capacity | 3          |
| Is this a Change of Address? | Yes?                                       |                         | No?                            | X                   |            |
| New Address                  |                                            | # Under 18 mths present | 0                              | Weekend Hours       | Yes        |
|                              |                                            | Total children present  | 3                              | Night Hours         | No         |
| Type of Inspection           | Follow Up Body of Water                    | Inspector's Name        | Silvana Carreon Zegarra        |                     |            |
| Provider's Email             | lilimelcare@yahoo.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 |
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No violations were cited during this inspection

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| Statute and/or Regulation: | Description: |
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| Statute and/or Regulation: | Description: |
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| Statute<br>and/or Regulation:                 | Description:                                |
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| Statute<br>and/or Regulation:                 | Description:                                |
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| Statute<br>and/or Regulation:                 | Description:                                |
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| OTHER FINDINGS-REGULATIONS IN COMPLIANCE      |                                             |
| Statute<br>and/or Regulation: [19a-87b-10(a)] | Description: 004-Capacity                   |
|                                               |                                             |
| Statute<br>and/or Regulation: [19a-87b-5(e)]  | Description: 006-Infant/Toddler Restriction |
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| Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          | Description: 040-Body of Water |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                |                                                                                                                                       |
| Statute and/or Regulation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Description:                   |                                                                                                                                       |
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| Statute and/or Regulation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Description:                   |                                                                                                                                       |
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| Statute and/or Regulation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Description:                   |                                                                                                                                       |
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| Statute and/or Regulation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Description:                   |                                                                                                                                       |
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| YES/NO: No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WERE VIOLATIONS CITED DURING THIS VISIT? |                                |                                                                                                                                       |
| DISCUSSIONS/COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                |                                                                                                                                       |
| 40: Body of water. In compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                |                                                                                                                                       |
| IMPORTANT NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                |                                                                                                                                       |
| <ul style="list-style-type: none"><li>It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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.</li><li>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.</li><li>APPLICANTS –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</li></ul> |                                          |                                |                                                                                                                                       |
| <br>(Signature of OEC Representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Substitute/Applicant) |
| Silvana Carreon Zegarra<br>(Printed Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                | CARMEN FIORE<br>(Printed Name)                                                                                                        |