



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	CARMEN FIORE	License Number	DCFH.57186	Date of Inspection	07/07/2025
		Expiration Date	4/30/2027	Time of Inspection	02:23 PM
Address	589 PLAINFIELD PIKE PLAINFIELD CT 06374	Telephone	(860) 634-8402	Regular Capacity	6
		Hours of Operation	7:00 AM 5:00 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	1	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

Statute and/or Regulation: [-]	Description: 000 No Violations
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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-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(c)]	Description: 005-Nontransferability

Statute and/or Regulation: [19a-87b-5(e)]		Description: 006-Infant/Toddler Restriction	
Statute and/or Regulation: [19a-87b-5(f)(2)]		Description: 007-License Posted	
Statute and/or Regulation: [19a-87b-5(g)]		Description: 008-Access to OEC Phone Number	
Statute and/or Regulation: [19a-87b-5(h)]		Description: 009-Photo ID	
YES/NO: No		WERE VIOLATIONS CITED DURING THIS VISIT?	
DISCUSSIONS/COMMENTS			
No violations were found during the inspection. # 40 Body of Water in compliance.			
IMPORTANT NOTES			
- 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. - 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 <u>MAY NOT OPERATE</u> 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)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		CARMEN FIORE (Printed Name)