

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

<b>Provider:</b> LULJETA STEFI	License Number: 56400	Date of Inspection: 12-9-22
	Expiration Date: 12-31-25	Time of Inspection: 8:47 AM
<b>Address:</b> 149 CHESTNUT HILL RD.	Capacity: 6+3	Days/Hours: M-F 7:30 AM-5:30 PM
<b>Town:</b> GLASTONBURY	Telephone: 860 719 3228	Summer: Open/Closed
<b>State/Zip Code:</b> 06033 - 4150	Email: sluljeta@yahoo.com	

Instructions:  = Compliance/No violation found      O = Non-compliance/Violation found      N/A = Not applicable at this time

**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).

*Luljeta Stefi*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Terms of License 19a-87b-5**

- 4. Capacity: Total # Children Present: 8
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 2
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

**Qualifications of Applicant and Provider 19a-87b-6**

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 2-10-25
- 14. First Aid Certificate-Exp. Date 1-7-23
- 15. CPR Certificate- Exp. Date 1-7-23
- 16. Judgment

**Members of the Household 19a-87b-7**

- 17. Medical Statement
- 18. Household Environment

**Qualifications of Staff 19a-87b-8**

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

**Comprehensive Background Check 19a-87b-8a**

- 21. Background Check(s)

**Physical Environment 19a-87b-9**

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: \_\_\_\_\_ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
Indoor  Outdoor
- 40. Body of Water (Y/N) Type: \_\_\_\_\_ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N) Type: \_\_\_\_\_ Rabies Certificate(s)
- 52. Smoking Prohibited

**Responsibilities of Provider 19a-87b-10**

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

**APPLICANTS- PLEASE NOTE:** You **MAY NOT OPERATE** until all requirements have been met and a license has been issued by the Agency.

<i>[Signature]</i>	Date Corrections Due By:	<i>[Signature]</i>
(Printed Name) Patricia A. Iykowski	12-23-22	(Printed Name) LULJETA STEFI

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**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**


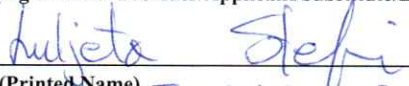
<b>Provider:</b> LULJETA STEFI	<b>License Number:</b> 56400	<b>Date of Inspection:</b> 12.9.22
<b>Responsibilities of Provider 19a-87b-10 (continued)</b> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF  <b>Sick Child Care 19a-87b-11</b> <input checked="" type="checkbox"/> 91. Sick Child Care  <b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	<b>Office Access, Inspections and Investigations 19a-87b-13</b> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records  <b>Administration of Medications 19a-87b-17</b> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results  <b>Additional Violations</b> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	

**Discussions/Comments:**

Discussed:

- using equipment within Manufacturing instructions
- safe sleep
- checking reclined infant seats for recalls
- fix light in bathroom
- immunizations and proof of Flu Vacc on site by Jan. 1st

**APPLICANTS- PLEASE NOTE:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) 	Date Corrections Due By: 12.23.22	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) Pamela A. Rybouski		(Printed Name) LULJETA STEFI

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Luljeta Stefi License # 56400 Date: 12.9.22


## Observations/Corrections needed:

- \* (17) Physicals for household members under 18 could not be found
- Adult Medical for ~~18~~<sup>21</sup> year old HH member could not be found
- (24) Observed cleaning items and detergent pods accessible / within reach of children in the bathroom
- \* (32) Emergency Plan could not be found during the inspection
- \* (33) did not observe Emergency Evacuation drill log
- \* (50) Observed 1st Aid Kit incomplete (missing required items)
- \* (53) Did not observe Enrollment form for one child
- Observed 6 out of 8 childrens Enrollment forms incomplete or out of date (without up to date info or several years old)
- \* (54) Observed 3 children with expired Health Records and 1 child without a Health Record on file
- \* (55) Observed children without up to date Health Records without up to date Immunizations as well (4 of 8)
- (94) Did not observe written Policies & Procedures for the Administration of Meds
- (99) Did not observe documentation/training certificate for provider to administer medication
- (100) Did not observe Written Authorization form from Prescriber/Parent on site for Epi Pen Administration

## \* REPEAT VIOLATIONS

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Print Name: Patricia S. Kupuski

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Luljeta StefiOEC BY: 12.23.22Print Name: LULJETA STEFI