

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: LULJETA STEFI Date: 1.4.23 Time: 11:20 AM

Location Address: 149 CHESNUT HILL RD. GLASTONBURY Telephone #: 860 719 3228

e-mail address: sluljeta@yahoo.com License #: 56400 Expiration Date: 12.31.25

Capacity: 603 # of Children Present: 7 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature <u>Luljeta Stefi</u></i>
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Purpose of visit: Follow up to Multiple and Repeat Violations found at Full Inspection on 12.9.22

Observations/Corrections needed:

Compliance was observed at Follow up with 10 of the 11 Violations cited during Full Inspection on 12.9.22.

(94) did not observe written Policy & Procedure for the administration of medication (provider did not understand requirement when correcting)

1 Additional Violation cited during Follow up inspection on 1.4.23 -

(55) did not observe proof of Flu Vaccine on site for 3 children

Discussed - 2 babies 6-7 months of age need Flu Vaccinations
BCIS System

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: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1.18.23

Signature: Luljeta Stefi
(Person in Charge)