



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

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|------------------------------|---|----------------------------------|------------------------|--------------------------|----------------------------|------------|
| Provider | FATBARDHA CEZMALLI | | License Number | DCFH.57042 | Date of Inspection | 04/23/2024 |
| | | | Expiration Date | 4/30/2026 | Time of Inspection | 12:51 PM |
| Address | 20 LIVINGSTON ST WETHERSFIELD CT 06109-1231 | | Telephone | (860) 436-3826 | Regular Capacity | 6 |
| | | | Days and Hours | M-F 7 A.M. - 6 P.M. | School Age Capacity | 3 |
| # Children Present | 6 | # Under 18 months present | 0 | Summer Care | Open | |
| Purpose of Inspection | Follow up for Violations Cited at Full Inspection completed on March 19, 2024 | | | Name of Inspector | Patty Tyburski | |
| Provider's Email | cbardha@yahoo.com | | | Inspector's Email | patricia.tyburski@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 |
|---------------------------|-------------------------------|---|
| [19a-87b-10(b)(2)] | 054-Child Health Record | Failed to maintain current child health record(s) observed 1 enrolled child's health record is still expired/not current. |
| [19a-87b-10(b)(3)(B)] | 056-Emergency Permission Form | Failed to maintain written parent permission for emergency medical care when it was observed that parents did not provide the name of a hospital or walk in clinic to have their child transported to. |
| [19a-87b-10(b)(3)(A)] | 057-Authorized Release | Failed to maintain written parent permission to authorize removal of child(ren) when it was observed that 1 enrolled child does not have 1 person other than the parents listed to pick child up in an emergency if parents can't be reached. |

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Other Findings-In Compliance

| Statute and/or Regulation | Description | Comments |
|---------------------------|---|--|
| [19a-87b-6(b)] | 013-Medical Statement | Providers Adult medical is now on the correct form. |
| [19a-87b-8a] | 021-Background Check | Providers roster is now complete and all background checks are up to date. |
| [19a-87b-9(d)(5)] | 032-Emergency Plan | Observed emergency plan is now completed. |
| [19a-87b-9(d)(5)] | 033-Emergency Evacuation Drills-Quarterly | Observed log for emergency evacuation drills. |
| [19a-87b-9(d)(6)] | 034-Smoke Detectors | Observed smoke detector in basement is now operable. |

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| [19a-87b-9(d)(7)] | 035-Carbon Monoxide Detector | Observed carbon monoxide detectors on every level of the home now. |
| [19a-87b-9(k)] | 048-Working Telephone/Emergency Numbers Posted | Observed emergency numbers now completed and posted. |
| [19a-87b-10(b)(1)] | 053-Enrollment Form | Observed children's enrollment forms are now completed. |




YES/NO: Yes **WERE VIOLATIONS CITED DURING THIS VISIT?**

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.

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|  (Signature of OEC Representative) |  (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: 05/07/2024 |  (Signature of Person in Charge) |
| Patty Tyburski (Printed Name) | (Printed Name) | | FATBARDHA CEZMALLI (Printed Name) |