



Connecticut Office of
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	LULJETA STEFI				License Number	DCFH.56400	Date of Inspection	06/27/2024
					Expiration Date	12/31/2025	Time of Inspection	09:11 AM
Address	149 CHESTNUT HILL RD GLASTONBURY CT 06033-4150				Telephone	(860) 719-3228	Regular Capacity	6
					Days and Hours	M-F 7:30AM-5:30	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	<input checked="" type="checkbox"/>			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	2	# of Total Children Present	8	Inspector's Name	Evelyn Vicente-Quinones		
Provider's Email	slujeta@yahoo.com				Inspector's Email	evelyn.vicente-quinones@ct.gov		
Key: Compliant = X Non-Compliant = O	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). <i>Luljeta Stefi</i> Signature of Provider/Substitute/Applicant							

TERMS OF REGISTRATION 19a-87b-5

<input checked="" type="checkbox"/>	4. Capacity	
<input checked="" type="checkbox"/>	5. Non-transferability of license	Pending?
<input type="checkbox"/>	6. Infant/Toddler Restriction	Failed to maintain infant/toddler restriction when provider alone had three infant/toddlers under eighteen months of age at today's visit indoors. (Husband, OEC approved staff had 5 children outdoors)
<input checked="" type="checkbox"/>	7. License Posted	
<input checked="" type="checkbox"/>	8. Parent Access to OEC Phone Number	
<input checked="" type="checkbox"/>	9. Photo ID	
<input checked="" type="checkbox"/>	10. Requests for Information	
<input checked="" type="checkbox"/>	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

<input checked="" type="checkbox"/>	12. Awareness of, Understanding of Regulations	
<input type="checkbox"/>	13. Medical statement	Failed to maintain documentation of a complete medical statement(s) on file for provider
	Expiration date: 02/10/2025	
<input checked="" type="checkbox"/>	14. First Aid Certificate	
	Expiration date: 02/10/2025	

X	15. CPR Certificate	
	Expiration date:	
	02/10/2025	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Substitute or Assistant	Y/N	
	Type of Staff :		
	Substitute	Y	
X	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

<input type="radio"/>	21. Background Check(s)	Failed to ensure comprehensive background check(s) have been conducted for son who is over eighteen years old and has expired background check.
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		N	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
X	35. Carbon Monoxide Detector	
○	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to install fire extinguisher according to manufacturer's instructions when observed fire extinguisher on storage shelf and not mounted.
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
X	39. Safe Space-Sufficient Indoors Outdoors	
X	40. Body of Water-Type: Barrier?	Y/N N
X	41. Hot Tubs-Locked - Inaccessible	Y/N N
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
X	44. Washing Toileting, Sewage Garbage Facilities	
X	45. Adequate and Safe Water - Type of System: Public Water	
X	46. Water Temperature- 60°-120°	
X	47. Pasteurization of Milk Supply	
○	48. Working Phone, Emergency Numbers Posted	Failed to maintain complete emergency phone numbers for children currently enrolled
X	49. Safe Transportation Registered, Insured, Restraints	
○	50. First Aid supplies	Failed to maintain a complete first aid kit when missing one instant cold pack and three or four inch gauze square.
X	51. Pet protection Pets? Rabies Certs?	Type: N
X	52. Smoking Prohibited	
RESPONSIBILITIES OF PROVIDER 19a-87b-10		
X	53. Enrollment Form	

<input type="radio"/>	54. Child Health Record	Failed to maintain complete child health record(s) when missing documentation for TB health risk is blank for three children enrolled.
<input type="radio"/>	55. Immunizations	Failed to maintain complete immunization record(s) when three children missing documentation for flu vaccine.
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input checked="" type="checkbox"/>	57. Authorized Release	
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<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, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input type="radio"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	Failed to maintain a well-constructed, free standing crib or other piece of equipment designed for infant sleeping when upon arrival observed infant sleeping on a "kisdasa" foldable couch and during visit observed another infant placed to sleep awake and fell asleep on "kisdasa" foldable couch, discussed appropriate

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
O	78. Diaper Changing-Frequent, Sanitary, Handwashing, Waste Disposal	Failed to disinfect changing surface when observed surface wiped with non disinfectant wipe. Failed to wash hands after diaper changing and failed to wash the child's hands after diapering.
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision-at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13




X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **N** **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

X	94. Policies and Procedures for Admin of Meds	
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
X	99. Documented Medication Trained Staff	
X	100. Written Auth Prescriber/Parent Permission	
X	101. MAR Maintained	
X	102. Prescription Meds – Stored/Labeled	
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

Child with diabetes enrolled? **N** **MONITORING OF DIABETES 19a-87b-18**

X	108. Policies for Finger Stick Blood Glucose Testing	
X	109. Finger Stick Blood Glucose Testing - Staff Trained	
X	110. Self Admin of Finger Stick Blood Glucose Testing	
X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
X	112. Finger Stick Blood Glucose Testing Records	

X	113. Parent Notification of Test Results		
ADDITIONAL VIOLATIONS			
	114. Consent Order - Negotiated Corrective Action Plan	N/A? X	
<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS			
<p>Continued: #73 infant sleep arrangements and read posted infant sleep arrangements verbatim to provider during visit. Provider opened pack n play and placed female infant who had fallen asleep into pack n play once discussed.</p> <p>Discussions:</p> <ul style="list-style-type: none"> ~ One child with no documentation of where to transport in case of an emergency. ~ One child with no enrollment form on file. ~ Discussed infant safe sleep regulations and posting for infant safe sleep. ~ Upon OEC representatives arrival there were seven children, one additional child arrived during OEC visit. ~ OEC representative guided provider and son with background check system (BCIS), OEC representative will create ticket on behalf of provider son by end of business day today. ~ Discussed Capacity regulations and OEC representative will email Family child Care capacity Q&A sheet by end of business day today. ~ Provided Administration of medication sample policies during OEC visit. ~ OEC approved substitute present during OEC visit today. ~ Discussed instructions for completing a corrective action, sample responses and resolving disputed violations. 			
<p>NOTE: Any 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.</p>			
<p>APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>			
 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Evelyn Vicente-Quinones (Printed Name)	Gabrielle Campanella RN (Printed Name)	07/11/2024	LULJETA STEFI (Printed Name)