

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: FATBARDHA CEZMALLI Date: 2-27-25 Time: 11:55AM
Location Address: 20 LIVINGSTON ST. WETHERSFIELD Telephone #: 860 990 8453
e-mail address: chardha@yahoo.com License #: 57042 Expiration Date: 4-30-26
Capacity: 6+3 # of Children Present: 4 # of Staff Present: 1

Consent to Inspect Family Child Care Home 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: *Fatbardha Cezmalli

Purpose of visit: Follow up to Full Inspection on 2-26-25 for children in care without proof of Flu Vaccine

Observations/Corrections needed:

OBSERVED 4 CHILDREN IN CARE - 3 WITH PROOF OF FLU AND ONE WITH AN APPOINTMENT TO RECEIVE IN THE AFTERNOON/TODAY 2-27-25. SPOKE WITH PARENT AND HE CONFIRMED THAT CHILD IS RECEIVING TO FLU VACCINE TODAY 2-27-25 AND WILL PROVIDE PROOF TO THE PROVIDER FOLLOWING APPOINTMENT.

DISCUSSED WITH PROVIDER THAT OTHER 2 CHILDREN ENROLLED CAN NOT RETURN TO PROGRAM WITHOUT PROOF OF FLU VACCINE OR A NOTE THAT ^{CHILDREN} ~~CHILD~~ WILL BE DISENROLLED UNTIL APRIL 1ST 2025.

DISCUSSED WITH PROVIDER THAT CORRECTIONS PROVIDED TO DEC MUST BE TRUTHFUL AND COMPLETED.

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: W/A

Signature: Fatbardha Cezmalli
(Person in Charge)