



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	LULJETA STEFI				License Number	DCFH.56400	Date of Inspection	06/18/2025
					Expiration Date	12/31/2025	Time of Inspection	01:08 PM
Address	149 CHESTNUT HILL RD GLASTONBURY CT 06033-4150				Telephone	(860) 719-3228	Regular Capacity	6
					Hours of Operation	8:00 AM 5:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	7	Night Hours	No
Type of Inspection	Follow up for supervision cited during follow up on 6/10/25				Inspector's Name	Patty Tyburski		
Provider's Email	slujeta@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).

Luljeta Stefi

Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-10(i)]	Description: 081-Supervision-At All Times, Indoors/Outdoors
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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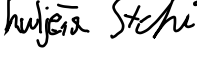
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Discussed:
 Leze Layla, HH member is now approved as a Substitute as of 6/13/25.
 7 children were in care and provider and substitute were both present.
 Compliance was observed.

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *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. Providers are required by statutes and regulations to be in compliance at all times.*
- *APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Patty Tyburski (Printed Name)	 (Printed Name)		LULJETA STEFI (Printed Name)