



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	FATBARDHA CEZMALLI				License Number	DCFH.57042	Date of Inspection	03/09/2026
		Expiration Date	4/30/2026	Time of Inspection	12:10 PM			
Address	20 LIVINGSTON ST WETHERSFIELD CT 06109-1231				Telephone	(860) 990-8453	Regular Capacity	6
		Hours of Operation	7:00 AM – 6:00 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	0	Weekend Hours	No
		Total children present	5	Night Hours	No			
Type of Inspection	Follow-up for capacity & immunizations				Inspector's Name	Melissa Lohr		
Provider's Email	cbardha@yahoo.com				Inspector's Email	melissa.lohr@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).

Fatbardha Cezmelli

Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [19a-87b-6(c)(1)]	Description: 014-First Aid Certificate
Provider not in compliance with maintaining a valid first aid certificate when provider stated she has a class scheduled for 03/21/26.	
Statute and/or Regulation: [19a-87b-6(c)(2)]	Description: 015-CPR Certificate
Provider not in compliance with maintaining a valid CPR certification when provider stated she has a class scheduled for 03/21/26.	
Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
Provider not in compliance with maintaining complete child health record(s) when one child's health record is still incomplete.	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-6(b)]	Description: 013-Medical Statement
---	------------------------------------

Statute and/or Regulation: [19a-87b-7(a)]	Description: 017-Medical Statement
---	------------------------------------

Statute and/or Regulation: [19a-87b-9(f)(1-2)]	Description: 039-Indoor/Outdoor Space-Safe and Sufficient
--	---

Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
---	----------------------------------

All children now have current enrollment forms.




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

DISCUSSIONS/COMMENTS

Observed updated adult medical statements for both the provider and household member. Capacity was in compliance during this visit & all children present had proof of receiving the flu vaccine. One child's health assessment record had been updated and provider is waiting to receive other child's complete health assessment forms. Provided TA on how to complete a Corrective Action Plan

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: 03/23/2026	 (Signature of Provider/Substitute/Applicant)
Melissa Lohr (Printed Name)	 (Printed Name)		FATBARDHA CEZMALLI (Printed Name)