

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

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: <i>Elizabeth Lawal</i>	License Number: <i>57225</i>	Date of Inspection: <i>7/16/23</i>
Address: <i>77 Davis Ave, Apt 1</i>	Expiration Date: <i>7/31/27</i>	Time of Inspection: <i>9:59 am</i>
	Capacity: <i>6 + 3</i>	Days/Hours: <i>M-F 6:30 am - 6 pm</i>
Town: <i>Bridgewater</i>	Telephone: <i>203-218-4407</i>	Summer: <i>Open/Closed</i>
State/Zip Code: <i>CT 06605-2506</i>	Email: <i>Liz.lawal@gmail.com</i>	

Instructions: = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time

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]
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: *2 (+10/24 hr)*
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: *0*
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date *12/15/24*
- 14. First Aid Certificate-Exp. Date *05/23*
- 15. CPR Certificate- Exp. Date *6/9/23*
- 16. Judgment *OK ✓ RC per Supervisor*

Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
 Indoor _____ Outdoor _____
- 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N)-Type: _____ Rabies Certificate(s)
- 52. Smoking Prohibited

Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

APPLICANTS- PLEASE NOTE: You **MAY NOT OPERATE** until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <i>[Signature]</i>	Date Corrections Due By: <i>7/20/23</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>[Signature]</i>
(Printed Name) <i>Robert ...</i>		(Printed Name) <i>Elizabeth Lawal</i>

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Elizabeth Lawal</u>	License Number: <u>57225</u>	Date of Inspection: <u>7/6/23</u>
Responsibilities of Provider 19a-87b-10 (continued)		
<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/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF		
Office Access, Inspections and Investigations 19a-87b-13		
<input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records		
Administration of Medications 19a-87b-17		
<input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results		
Sick Child Care 19a-87b-11		
<input checked="" type="checkbox"/> 91. Sick Child Care		
Night Care 19a-87b-12 (Y/N) (10pm to 5am)		
<input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear		
Additional Violations		
<input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>N/A</u>		

Discussions/Comments:

#14 Observed first aid certificate to not be current (6/5/23 exp) Submit copy

#15 Observed CPR certificate to not be current (6/5/23 exp) Submit copy

#16 Judgment, upon arrival specialist could hear arguing between 2 adults outside of front door as windows were open; Specialists ran door bell 3x's and knocked on the door. Access granted after Specialists texted Provider to state we were at her front door for an inspection. Arguing ceased. Upon entry 2 children were

Removed by PC

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <u>Rebecca Gruller</u> (Printed Name)	Date Corrections Due By: <u>7/20/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Elizabeth Lawal</u> (Printed Name)
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SUPPLEMENTAL REPORT OF INSPECTION

of Program/Provider: Elizabeth Lawal License # 57225 Date: 7/14/23

Violations/Corrections needed:

- ~~1 attendance and present during argument.~~
- 2 Removed (C) See page 4 of Supplemental.
- 1 Provider did not show evidence of compliance with access to the BCS (Background Check) system, Submit Roster
- 3 Provider failed to ensure safe & hazard free environment when rooms were cluttered and piled with toys/equipment & personal belongings. Files are a tripping/fall hazard; Outside rusty & broken plane ride on a cesside to children.
- 1 Exits were not maintained free & safe of storage items for easy egress in case of an emergency.
- 3 Observed fire drills to not be completed/logged quarterly; Submit copy
- 2 Fire extinguisher mounted/5 lbs+ but was not fully charged. Needle was in the red "recharge".
- 1 Emergency numbers posted were not up to date; Submit copy

Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Rebecca Cuella / [Signature]
 (OEC Representative)
 Print Name: Rebecca Cuella / Jenny Poire
 Signature: [Signature]
 (Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

10-10-23

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Elizabeth Lawal License # 57225 Date: 7/6/23

Observations/Corrections needed:

~~#80~~ Observed Developmental Milestones to not be posted. Removed per Supervisor.

Discussed: Application for substitute pending; must take approved first aid + CPR course.

Follow up inspection will be required to verify compliance.

#16 Removed per Supervisor. Provider states husband was having a loud conversation in front office with their son while Provider states she was in the bathroom with children.

#80 Removed - Discussed it doesn't have to be given to the parents just posted. Provider states it was posted but husband took it down to make copies.

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)
Print Name: Rebecca Conley / Jerry Ferris
Signature: [Signature]
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO