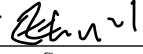



**DIVISION OF LICENSING**

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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	ELIZABETH LAWAL				License Number	DCFH.57225	Date of Inspection	04/10/2025
					Expiration Date	7/31/2027	Time of Inspection	09:05 AM
Address	77 DAVIS AVE BRIDGEPORT CT 06605-2506				Telephone	(203) 218-4407	Regular Capacity	6
					Hours of Operation	6:30 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	1	Weekend Hours	No
					Total children present	1	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Rebecca LaRosa		
Provider's Email	Lizlearnandplay@gmail.com				Inspector's Email	rebecca.larosa@ct.gov		
Key: Compliant = X Non-Compliant = O		<u>Consent to Inspect:</u> 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 of Provider/Substitute/Applicant			

**TERMS OF REGISTRATION 19a-87b-5**

X	4. Capacity	
X	5. Non-transferability of license	Pending?
X	6. Infant/Toddler Restriction	
X	7. License Posted	
X	8. Parent Access to OEC Phone Number	
X	9. Photo ID	
X	10. Requests for Information	
X	11. Notification of Change	

**QUALIFICATION OF PROVIDER 19a-87b-6**

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	03/08/2027
X	14. First Aid Certificate	
	Expiration date:	07/23/2025

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	07/23/2025	
<b>X</b>	16. Judgment	

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

<b>X</b>	17. Medical Statement	
<b>X</b>	18. Household Environment	

### QUALIFICATIONS OF STAFF 19a-87b-8

<b>X</b>	19. Sub/Assistant	Y/N	Name: Emilia Lawal	Appvl #	92260
	Type of Staff :	Y			
	Substitute				
<b>X</b>	20. Emergency Caregiver				

### COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

<b>X</b>	21. Background Check(s)	
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### PHYSICAL ENVIRONMENT 19a-87b-9

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

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log		
<b>X</b>	34. Smoke Detectors		
<b>X</b>	35. Carbon Monoxide Detector		
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<b>X</b>	42. Ventilation, Light and Temperature- 65°		
<b>X</b>	43. Window Safety		
<b>X</b>	44. Washing Toileting, Sewage Garbage Facilities		
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water		
<b>X</b>	46. Water Temperature- 60°-120°		
<b>X</b>	47. Pasteurization of Milk Supply		
<b>X</b>	48. Working Phone, Emergency Numbers Posted		
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints		
<b>X</b>	50. First Aid supplies		
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: N	
<b>X</b>	52. Smoking Prohibited		

### RESPONSIBILITIES OF PROVIDER 19a-87b-10

<b>X</b>	53. Enrollment Form		
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○	54. Child Health Record	Failed to maintain complete child health record(s) when 1 child's health record didn't have TB risk assessment or Chronic disease assessment documented as they were blank on the health record.
○	55. Immunizations	Failed to maintain current immunization record(s) when physical indicated child was not up to date on immunizations but, no catch up schedule was available for review.
X	56. Emergency Permission	
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission- To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

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

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

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
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<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
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<b>X</b>	96. Notification - Documentation of Med Error(s)	
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<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
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<b>X</b>	98. Unused - Expired Nonprescription Meds	
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<b>X</b>	99. Documented Medication Trained Staff	
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<b>X</b>	100. Written Auth Prescriber/Parent Permission	
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<b>X</b>	101. MAR Maintained	
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<b>X</b>	102. Prescription Meds - Stored/Labeled	
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<b>X</b>	103. Unused/Expired Prescription Meds	
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<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
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<b>X</b>	105. Self-Admin. Of Meds	
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<b>X</b>	106. Petition for Special Medication Authorization	
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**MONITORING OF DIABETES 19a-87b-18**Child with diabetes enrolled? **N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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<b>X</b>	112. Finger Stick Blood Glucose Testing Records	
<b>X</b>	113. Parent Notification of Test Results	

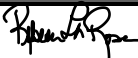

**ADDITIONAL VIOLATIONS**

	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		<b>X</b>	

<b>YES or NO?</b>	<b>Were Violations Cited during this visit?</b>	<b>Total Number of Violations this visit:</b>	<b>2</b>
<b>Yes</b>			

**DISCUSSIONS/COMMENTS****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.*
- *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- ***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/Applicant/Substitute)
<b>Rebecca LaRosa</b> (Printed Name)	 (Printed Name)	<b>04/24/2025</b>	<b>ELIZABETH LAWAL</b> (Printed Name)

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