

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: <u>Kimberly Tucker</u>	License Number: <u>OCFH.57421</u>	Date of Inspection: <u>8/2/2021</u>
Address: <u>69 Morris Avenue</u>	Expiration Date: <u>11/30/2024</u>	Time of Inspection: <u>10</u>
Town: <u>West Haven</u>	Capacity: <u>6 + 3</u>	Days/Hours: <u>6:30 AM - 5:30 PM</u>
State/Zip Code: <u>CT 06516</u>	Telephone: <u>860-995-5109</u>	Summer: <input checked="" type="checkbox"/> Open / <input type="checkbox"/> Closed
Email:		

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 of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 4
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 23
- 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 7/29/2022
- 14. First Aid Certificate-Exp. Date 8/23/2022
- 15. CPR Certificate- Exp. Date 8/23/2022
- 16. Judgment

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: pool 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) 	Date Corrections Due By: <u>8/16/2021</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>David B. Zawerton</u>		(Printed Name) <u>Kimberly Tucker</u>

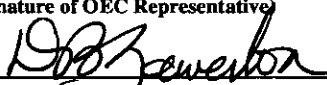

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <i>Kimberly Tucker</i>	License Number: <i>57421</i>	Date of Inspection: <i>8/26/21</i>
<u>Responsibilities of Provider 19a-87b-10 (continued)</u> <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 <u>Sick Child Care 19a-87b-11</u> <input checked="" type="checkbox"/> 91. Sick Child Care <u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	<u>Office Access, Inspections and Investigations 19a-87b-13</u> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <u>Administration of Medications 19a-87b-17</u> <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"/> 107. Potassium Iodide (KI) Pills - Permission/Storage/Labeled <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 <u>Additional Violations</u> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	

Discussions/Comments:

Discussed: - 1 outlet uncovered, covered during inspection.
 - Provider does not have physical available, unaware needed to be, will obtain.
 (1) Notification of change - pool installed/put up without notification to OEC.
 (2) Provider stated unaware of many regulations
 (19) Upon arrival provider in front office while unapproved staff with 3 children upstairs.
 (6) 3 children under 18 months without an approved staff present.
 (23) Hazards - Sharp Knife in kitchen drawer (not locked), Wires - extension cord,

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(Signature of OEC Representative)  (Printed Name) Don B Zawerton	Date Corrections Due By: <i>8/16/2021</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Kimberly Tucker
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Tucker License # 57421 Date: 8/16/2021

Observations/Corrections needed:

- hose accessible in play area.
- (24) Harmful Substances - Fabresce/air spray accessible ~~on~~ ^{and cabinet} counter cleaning supplies/disinfectant sprays accessible under kitchen & bathroom sinks (locks not latched), perfume/sprays accessible in bedroom
- (31) Stairs - items stored on stairs (walkway to upstairs play areas), outdoor stairs spacing too far.
- (35) Carbon Monoxide Detectors not available on 1st or 2nd floors.
- (40) Small above ground pool with fencing broken on 2 sides & not locked. Water accessible on pool cover (stagnate).
- (46) Water temperature tested reached 123.5°F
- (50) First Aid Supplies not complete - missing tweezers, 1 cold pack, mouthbarrier and more tape needed.
- (53) Enrollment not available/completed/signed for 6 of 8 children
- (54) Child Health Record not available for 2 of 8 children
- (55) Immunization documentation not available for 2 of 8 children
- (56) Emergency Permission not available for 4 of 8 children
- (57) Authorized Release not available for 7 of 8 children
- or (59) Swimming Permission not available - Provider stated children do not use pool.
- (62) 1 child with care plan for asthma with no meds on site.

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]Print Name: Sarah B Zawerton

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]OEC BY: 8/16/2021Print Name: Kimberly Tucker

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Tucker License # 5721 Date: 8/2/2021

Observations/Corrections needed:

- (65) Observed children eating and being diapers changed without hands being washed
- (73) Observed 3 cribs with sheets not tight fitting - all under 12 months.
- (74) Observed infant just under 8 months napping with soft blanket
- (99) Care plan on site for child with asthma but Provider is not med trained.

C4K provider's emergency plan does not meet all Federal requirements. Provider will develop/revise her emergency plan to meet all requirements

Discussed Infants Supervised every 15 minutes. Unapproved staff's application - to be checked for missing items.

Pictures taken during inspection.

Capacity and Pool corrections due immediately.

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

Signature: [Signature]
(OEC Representative)
Print Name: Donna B Zauverton

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: Kimberly Tucker

OEC BY: 8/16/2021