

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>Kimberly Tucker</i>	License Number: <i>0CFH, 57421</i>	Date of Inspection: <i>8/26/2021</i>
Address: <i>69 Morris Avenue</i>	Expiration Date: <i>11/30/2024</i>	Time of Inspection: <i>Access 11:30 - 11:36 am</i>
Town: <i>West Haven</i>	Capacity: <i>6+3</i>	Days/Hours: <i>M-F 6:30 AM - 5:30 PM</i>
State/Zip Code: <i>CT 06516</i>	Telephone: <i>860-995-5109</i>	Summer: <input checked="" type="checkbox"/> Open / <input type="checkbox"/> Closed
Email: <i>itavlegcaringcenter20@gmail.com</i>		

Instructions: = Compliance/No violation found = 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: 5
 - 5. Nontransferability of License
 - 6. **Infant/Toddler Restriction - # Present:** 3
 - 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 _____
 - 14. First Aid Certificate-Exp. Date _____
 - 15. CPR Certificate- Exp. Date _____
 - 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) <i>[Signature]</i>	Date Corrections Due By: <i>9/9/21</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>[Signature]</i>
(Printed Name) <i>John B Zawerton</i>		(Printed Name) <i>Kimberly Tucker</i>

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

<p>Provider: <u>Kimberly Tucker</u></p>	<p>License Number: <u>57421</u></p>	<p>Date of Inspection: <u>8/26/2021</u></p>
<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. <u>Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</u> <input checked="" type="checkbox"/> 74. <u>Crib or other Provision Free from Observable Hazards</u> <input type="checkbox"/> 75. Infants not Swaddled <input type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input type="checkbox"/> 79. Parent Information and Access <input type="checkbox"/> 80. Developmental Milestones-Posted <input type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input type="checkbox"/> 84. Immediate Attention <input type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input type="checkbox"/> 88. Child Protection: Abuse/Neglect <input type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <p>Sick Child Care 19a-87b-11</p> <ul style="list-style-type: none"> <input type="checkbox"/> 91. Sick Child Care <p>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear 	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p>Administration of Medications 19a-87b-17</p> <ul style="list-style-type: none"> <input type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input type="checkbox"/> 101. MAR Maintained <input type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input type="checkbox"/> 103. Unused/Expired Prescription Meds <input type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input type="checkbox"/> 105. Self-Administration of Meds <input type="checkbox"/> 106. Petition for Special Medication Authorization <input type="checkbox"/> 107. Potassium Iodide (KI) Pills - Permission/Storage/Labeled <input type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input type="checkbox"/> 113. Parent Notification of Test Results <p>Additional Violations</p> <ul style="list-style-type: none"> <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	
<p>Discussions/Comments:</p> <p>Items not checked not inspected during site inspection</p> <p>ⓐ Provider operating over infant/toddler restriction when 3 infants ^{children} under 18 months present without an approved staff. Note 4th child present recently turned 18 months.</p> <p>ⓑ Awareness of Regulations</p> <p>ⓒ 3 children under 18 months without approved staff present</p> <p>ⓓ Hazards accessible: in entrance with wires on floor outside with hose by stairs, miscellaneous items on ground by pool.</p>		
<p>APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.</p>		
<p>(Signature of OEC Representative)</p> <p><u>Donna B Zawerton</u></p>	<p>Date Corrections Due By:</p> <p><u>9/9/21</u></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</p> <p><u>Kim Tucker</u></p>
<p>(Printed Name)</p> <p><u>Donna B Zawerton</u></p>		<p>(Printed Name)</p> <p><u>Kim Tucker</u></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Tucker License # 57421 Date: 8/26/2021

Observations/Corrections needed:

- 24 Harmful Substances accessible in bathroom on floor observed bag of Epsom salt, in front entrance Clorox tablets on floor and bug spray at door window.
 - 40 Pool barriers not secure and not locked
 - 57 Authorized Release not available for 2 children
 - 62 2 children in care with asthma - no additional information for 1 child and medication stating medicine needed at daycare but not medication / authorization, care plan or training available.
 - 69 No care plan for children with asthma.
 - 73 Observed infants napping with sheets not tight setting.
 - 93 Immediate access not granted to childcare. Arrival at door 11:10 am "Ring" bell pushed 3+ times, telephone call to Provider's cell phone - ruse and loud knocking at door. Police contacted prior to entry admitted.
 - 97 Nonprescription Topical Medication not labeled, Discussed
 - 98 Parent permission includes 2 medications
 - 99 Provider not trained to administer medications stated classes are full
- Discussed use of cribs/highchairs

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: John B Zawertsen

CORRECTIVE PLAN SHALL BE RETURNED TO Capacity due immediately form
OEC BY: 9/9/2021 By 9/2/21

Signature: [Signature]
(Person in Charge)

Print Name: Kim Tucker