

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Tucker Date: 11/16/2021 Time: 1015
Location Address: 69 Morris Avenue, West Haven Telephone #: 860-995-5119
e-mail address: itavlearningcenter20@gmail.com License #: 57421 Expiration Date: 11/30/2024
Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

Consent to Inspect Family Child Care Home I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: [Signature]

Purpose of visit: Follow-up

Observations/Corrections needed:

- 4 children present, 2 under 18 months - staff present - approval not on site but staff approved 9/9/2021 - Capacity + Staff in compliance at time of inspection
- (23) Hazards - gate to bedroom hazards/porch not secure (leaning mirrors), blind cords not secure/dangling
- (57) 2 children authorized release not available
- (95) Parent permission not available for 3 non prescription topical medications
- (97) Non prescription topical medication not labeled
- (93) 2 non-prescription topical medications expired 2/2020, 5/2021
- (74) 2 infants napping in crib with stuffed animals

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) Donna B Zawerton

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/30/2021

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Tucker License # 57421 Date: 11/16/2021

Observations/Corrections needed:

~~19a-876-10a~~ (b)

19a-876-10(c) Provider failed to comply with the vaccine requirement in accordance with Governor's Executive Order as she is not vaccinated and has not completed weekly testing.

C4K provider's emergency plan does not meet all federal requirements. Provider will develop an emergency plan to meet all requirements - posting not available, emergency kit not available.

(33) Emergency Evacuation Drills not practiced quarterly. Last drill March 2021.

Pool removed and no longer a hazard.
Provider trained to administer medication
Only 1 child with asthma - care plan on site,
doctor note on site regarding medication plan

Discussed -4 enrollment to update schedule,
1 dad work number still needed. Documentation of
Flu shot for children due by December 31st

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Signature: [Signature]
(OEC Representative)

Print Name: Donna B Zawertor

Corrections due immediately -
CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 11/30/2021 -

Print Name: Kimberly Tucker