

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

SUPPLEMENTAL REPORT OF INSPECTION


Name of Program/Provider: Kimberly Tucker Date: 2/28/2022 Time: 8:40

Location Address: 69 Morris Avenue, West Haven Telephone #: 860-975-5109

e-mail address: itavlearningcenter20@gmail.com License #: 57421 Expiration Date: 11/30/2024

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

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

Purpose of visit: Partial - Follow up 



Observations/Corrections needed:

Discussed: removing children from high chairs or giving developmentally appropriate activities while in chairs.
1 enrollment on old form to be updated.
1 physical to be updated - physical scheduled
19a-876-101 (#55) Flu shot not available for 5 of 6 children. Documentation of TB not available for 1 child.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/14/2022

Signature: 
(OEC Representative)
Print Name: Donna B Zawerton
Signature: 
(Person in Charge)
Print Name: Kimberly Tucker