

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: Kimberly Tucker	License Number: DEFL 57421	Date of Inspection: 8/25/2022
Address: 69 Morris Avenue	Expiration Date: 11/30/2024	Time of Inspection: 10:15
Town: West Haven	Capacity: 6+3	Days/Hours: M-F 6:30 AM - 5:30 PM
State/Zip Code: CT 06516	Telephone: 860-995-5109	Summer: <input checked="" type="checkbox"/> Open/ <input type="checkbox"/> Closed
Email: itavlearningcenter20@gmail.com		

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]
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

- Terms of License 19a-87b-5**
- 4. Capacity: Total # Children Present: 8
 - 5. Nontransferability of License
 - 6. Infant/Toddler Restriction- # Present: 1
 - 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/ 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: 9/8/2022	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>[Signature]</i>
(Printed Name) Donna B Zawerton		(Printed Name) Kimberly Tucker

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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>8/25/2022</u></p>
<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <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 <p>Sick Child Care 19a-87b-11</p> <p><input checked="" type="checkbox"/> 91. Sick Child Care</p> <p>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</p> <p><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</p>	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <p><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</p> <p>Administration of Medications 19a-87b-17</p> <ul style="list-style-type: none"> <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"/> 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 <p>Additional Violations</p> <p><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</p>	
<p>Discussions/Comments:</p> <p>Discussed: Supervision (all in/all out) - observed children in yard with Provider walking out of home. Provider stated she was transitioning out with children.</p> <p>④ 8 children present without staff present.</p> <p>③ Provider's Medical Statement expired 7/29/2022 (within 30 days)</p> <p>⑭ ⑮ First Aid and CPR certificates expired 8/23/2022. class scheduled in September to update. copy to be sent to OEC.</p> <p>②③ Hazards - ^{garden} hose accessible on ground, wire accessible on deck (outlet to pool filter), playequipment not secure in yard (kitchen ^{wooden}) and playroom (2 playsets/dollhouse)</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>[Signature]</u></p> <p>(Printed Name)</p> <p><u>Dora B Zawerton</u></p>	<p>Date Corrections Due By:</p> <p><u>9/8/2022</u></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</p> <p><u>[Signature]</u></p> <p>(Printed Name)</p> <p><u>Kimberly Tucker</u></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Tucker License # 57421 Date: 8/25/2022

Observations/Corrections needed:

- (26) ~~Harmful Substances/Materials~~ ^{Storage of flammables} - battery in play area outside by pool, lighter fluid/charcoal on deck.
- (33) Quarterly drills not up to date, last drill done in January and not documented
- (40) Pool 30 inches - no ~~gate~~ ^{barrier}.
- (53) Enrollment form needed for 4 of 8 children
- (54) Child Health Form not available for 5 of 8 children
- (55) Immunization not current for ~~6~~ ⁷ of 8 children
- (56) ~~(57)~~ Emergency Permission, ~~Authorized Release~~ ⁽⁵⁷⁾ not available for 3 children
- (57) Authorized Release not available for 4 children

Discussed: - written permission needed for swimming.
 - Previous inspections to be available - copy of last follow-up to be sent to provider for records

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: *D B Zawentz*
 (OEC Representative)
 Print Name: Donna B Zawentz

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 9/8/2022

Signature: *Kimberly Tucker*
 (Person in Charge)
 Print Name: Kimberly Tucker