

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kimberly Tucker Date: 8/29/2022 Time: 1230


Location Address: 69 Morris Avenue Telephone #: 860-995-5109
West Haven CT 06516

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

Capacity: 6+3 # of Children Present: 4 # 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: Follow-up for capacity and safe space-water

Observations/Corrections needed:

4 children present - all over 18 months
Pool is taken down.

Discussed - Capacity with and without a
staff working with Provider.

- Notification of change - to include
if pool is put up again

- Regulations regarding safe space-water

No capacity or water concerns at
time of this inspection - CAP for
non-compliance issues from last (Full)
inspection due 9/18/2022

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: _____

Signature: 

(OEC Representative)

Print Name: Donna B. Fawerton

Signature: 

(Person in Charge)

Print Name: Kimberly Tucker