



Connecticut Office of
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	KIMBERLY TUCKER				License Number	DCFH.57421	Date of Inspection	04/30/2024
					Expiration Date	11/30/2024	Time of Inspection	09:15 AM
Address	400 TREADWELL ST HAMDEN CT 06514				Telephone	(860) 995-5109	Regular Capacity	6
					Days and Hours	M - F 6:30 AM - 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?	<input checked="" type="checkbox"/>	No?	<input type="checkbox"/>			Summer Care	Open
New Address	19 Admiral St. West Haven CT 06516				Type of Inspection	CHANGE OF ADDRESS		
	# of Infants - Toddlers Present	0	# of Total Children Present	0	Inspector's Name	Linda Johnson Moylan		
Provider's Email	affordablecars203@gmail.com				Inspector's Email	linda.moylan@ct.gov		

Key:
Compliant = X
Non-Compliant = O

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 of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

<input checked="" type="checkbox"/>	4. Capacity	
<input checked="" type="checkbox"/>	5. Non-transferability of license	Pending?
<input checked="" type="checkbox"/>	6. Infant/Toddler Restriction	
<input type="checkbox"/>	7. License Posted	Failed to post license in a conspicuous location
<input checked="" type="checkbox"/>	8. Parent Access to OEC Phone Number	
	9. Photo ID	
	10. Requests for Information	
<input checked="" type="checkbox"/>	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

	12. Awareness of, Understanding of Regulations	
	13. Medical statement	
	Expiration date:	08/26/2025
	14. First Aid Certificate	
	Expiration date:	10/16/2024

	15. CPR Certificate	
	Expiration date:	
	10/16/2024	
	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

	17. Medical Statement	
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
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PHYSICAL ENVIRONMENT 19a-87b-9

<input type="radio"/>	22. Clean/Sanitary Environment	Failed to maintain the facility and/or equipment in a clean and sanitary condition when very dusty radiator and floor in bathroom was observed.	
<input type="radio"/>	23. Freedom of Hazards	Observed gas stove knobs within reach.	
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
<input type="radio"/>	27. Safe Door Fasteners	Observed basement door not locked.	
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
		N	
<input type="radio"/>	31. Stairways - Protected, Handrails	Failed to ensure that stairways have a sturdy handrail installed on bottom section of back stairway.	
<input type="radio"/>	32. Emergency Plan	Failed to maintain a complete written emergency plan	

	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
X	35. Carbon Monoxide Detector	
○	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to maintain at least a 5lb ABC fire extinguisher in operating condition
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
○	39. Safe Space-Sufficient Indoors Outdoors	Observed the side of the house blocked with gate that is not secure. Observed rusty poles and metal fencing. Wall with broken/ weathered stockade fence along top of wall accessible / hazard. Metal cable observed along fence to avoid falling fence = hazard. Rusty piece if chain observed.
X	40. Body of Water- Type: Barrier?	Y/N N
X	41. Hot Tubs- Locked - Inaccessible	Y/N N
○	42. Ventilation, Light and Temperature- 65°	Failed to maintain adequate lighting in back stairway.
X	43. Window Safety	
X	44. Washing Toileting, Sewage Garbage Facilities	
X	45. Adequate and Safe Water - Type of System: Public Water	
X	46. Water Temperature- 60°-120°	
X	47. Pasteurization of Milk Supply	
○	48. Working Phone, Emergency Numbers Posted	Failed to ensure emergency numbers posted in an area where child care services are provided
	49. Safe Transportation Registered, Insured, Restraints	
○	50. First Aid supplies	Failed to maintain at least one portable, readily accessible first aid kit
X	51. Pet protection Pets? Rabies Certs?	Type: N
X	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 Trip and Transportation Permission-To/From School	
	59. Swimming Permission	
	60. Incident Log	
	61. Confidentiality	
	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
○	66. Flexible and Balanced Written Schedule	Failed to develop and implement a written schedule
	67. Personal Articles- Blanket, Towel, Toilet Articles	
○	68. Proper Rest Provisions – Safe Cribs	Cots / cribs at other address.
	69. Individual Plan for Care (Written if Applicable)	
	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
	72. Infants Placed on Back for Sleeping	
	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

	74. Crib or Other Provision Free from Observable Hazards	
	75. Infants not Swaddled	
	76. Infants Supervised – minimum every 15 minutes	
	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
○	80. Developmental Milestones – Posted	Failed to post a copy of the developmental milestones information sheet
	81. Supervision- at all Times, Indoors, Outdoors	
	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
	84. Immediate Attention	
	85. Substitute – Emergency Caregiver Present	
	86. Appr. Discipline, Behavior Management	
	87. Discuss Beh. Management Methods w/Staff and Parents	
	88. Child Protection- Abuse/Neglect	
	89. Notify OEC within 24 hrs. - Death or Serious Injury	
	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
	91. Sick Child Care	
IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)		
	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **Y** **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

	94. Policies and Procedures for Admin of Meds	
	95. Parent Permission for Nonprescription Topical Meds	
	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
	98. Unused - Expired Nonprescription Meds	
	99. Documented Medication Trained Staff	
	100. Written Auth Prescriber/Parent Permission	
	101. MAR Maintained	
	102. Prescription Meds – Stored/Labeled	
	103. Unused/Expired Prescription Meds	
	104. Emergency Meds- Equip. Labeled/Current	
	105. Self-Admin. Of Meds	
	106. Petition for Special Medication Authorization	

Child with diabetes enrolled? **N** **MONITORING OF DIABETES 19a-87b-18**

	108. Policies for Finger Stick Blood Glucose Testing	
	109. Finger Stick Blood Glucose Testing - Staff Trained	
	110. Self Admin of Finger Stick Blood Glucose Testing	
	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
	112. Finger Stick Blood Glucose Testing Records	

	113. Parent Notification of Test Results	
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ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	
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	N/A?	
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YES or NO?	WERE VIOLATIONS CITED DURING THIS VISIT?
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Yes	
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DISCUSSIONS:



Declaration of lead paint document to be completed and returned prior to approval.

COMMENTS:

NOTE: Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Linda Johnson Moylan (Printed Name)	 (Printed Name)	05/14/2024	KIMBERLY TUCKER (Printed Name)