



Connecticut Office of  
Early Childhood

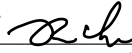
## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	KIMBERLY TUCKER				<b>License Number</b>	DCFH.57421	<b>Date of Inspection</b>	05/29/2024
					<b>Expiration Date</b>	11/30/2024	<b>Time of Inspection</b>	10:48 AM
<b>Address</b>	19 ADMIRAL ST FL 2 WEST HAVEN CT 06516-1610				<b>Telephone</b>	(860) 995-5109	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	M - F 6:30 AM - 5:30 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X			<b>Summer Care</b>	Open
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
	<b># of Infants - Toddlers Present</b>	1	<b># of Total Children Present</b>	4	<b>Inspector's Name</b>	Patty Tyburski		
<b>Provider's Email</b>	affordablecars203@gmail.com				<b>Inspector's Email</b>	patricia.tyburski@ct.gov		
<b>Key:</b> Compliant = X Non-Compliant = O	<b>Consent to Inspect:</b> 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). <div style="text-align: right;">             Signature of Provider/Substitute/Applicant         </div>							

### TERMS OF REGISTRATION 19a-87b-5

X	4. Capacity	
X	5. Non-transferability of license	Pending?
X	6. Infant/Toddler Restriction	
X	7. License Posted	
X	8. Parent Access to OEC Phone Number	
X	9. Photo ID	
X	10. Requests for Information	
X	11. Notification of Change	

### QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date: 11/20/2026	
X	14. First Aid Certificate	
	Expiration date: 10/16/2024	

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

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	
X	18. Household Environment	

### QUALIFICATIONS OF STAFF 19a-87b-8

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

### COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

<input type="radio"/>	21. Background Check(s)	Failed to maintain evidence of compliance with background checks when provider as unable to produce proof of a BCIS account.
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### PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N N	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
X	35. Carbon Monoxide Detector	
X	36. Fire Extinguisher- 5 lb. ABC/Installed	
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
X	39. Safe Space-Sufficient Indoors   Outdoors	
X	40. Body of Water-Type: Barrier?	Y/N N
X	41. Hot Tubs-Locked - Inaccessible	Y/N N
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
X	44. Washing Toileting, Sewage Garbage Facilities	
X	45. Adequate and Safe Water - Type of System: Public Water	
○	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees
X	47. Pasteurization of Milk Supply	
X	48. Working Phone, Emergency Numbers Posted	
X	49. Safe Transportation Registered, Insured, Restraints	
X	50. First Aid supplies	
X	51. Pet protection Pets? Rabies Certs?	Type: N
X	52. Smoking Prohibited	
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>		
X	53. Enrollment Form	

<input type="radio"/>	<b>54. Child Health Record</b>	Failed to maintain child health record(s) when one enrolled child's file was missing a health record.. Failed to maintain current child health record(s) for 1 enrolled child.
<input type="radio"/>	<b>55. Immunizations</b>	Failed to maintain complete immunization record(s) when it was observed that 4 enrolled children did not have proof of flu vaccination on file for the 2023-2024 flu season.
<input checked="" type="checkbox"/>	<b>56. Emergency Permission</b>	
<input checked="" type="checkbox"/>	<b>57. Authorized Release</b>	
<input checked="" type="checkbox"/>	<b>58. Field Trip and Transportation Permission-To/From School</b>	
<input checked="" type="checkbox"/>	<b>59. Swimming Permission</b>	
<input checked="" type="checkbox"/>	<b>60. Incident Log</b>	
<input checked="" type="checkbox"/>	<b>61. Confidentiality</b>	
<input checked="" type="checkbox"/>	<b>62. Meeting the Child's Needs</b>	
<input checked="" type="checkbox"/>	<b>63. Sufficient Play Equipment</b>	
<input checked="" type="checkbox"/>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<input checked="" type="checkbox"/>	<b>65. Handwashing</b>	
<input checked="" type="checkbox"/>	<b>66. Flexible and Balanced Written Schedule</b>	
<input checked="" type="checkbox"/>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<input checked="" type="checkbox"/>	<b>68. Proper Rest Provisions – Safe Cribs</b>	
<input checked="" type="checkbox"/>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<input checked="" type="checkbox"/>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<input checked="" type="checkbox"/>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<input checked="" type="checkbox"/>	<b>72. Infants Placed on Back for Sleeping</b>	
<input checked="" type="checkbox"/>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

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

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

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

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

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

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

<b>X</b>	<b>113. Parent Notification of Test Results</b>	
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**ADDITIONAL VIOLATIONS**

	<b>114. Consent Order - Negotiated Corrective Action Plan</b>	N/A?  <b>X</b>
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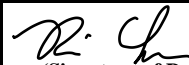
<u>YES or NO?</u> <b>Yes</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Discussed:  
 Enrollment and permission forms for providers own child until he turns 12 years of age.  
 Monitoring or windowsills where lead paint was abated every 2 months.  
 Documenting in writing 4 fire drills per year.  
 Having parents review enrollment paperwork yearly and initial and date it to insure all information is current.  
 Monitoring heaters in the winter to insure they are not hot to the touch.  
 Adding 1 ice pack, 1 cpr mask and bandage scissors to the first aid kit.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
Patty Tyburski (Printed Name)	 (Printed Name)	06/12/2024	KIMBERLY TUCKER (Printed Name)