



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	KIMBERLY TUCKER				License Number	DCFH.57421	Date of Inspection	01/08/2026
					Expiration Date	11/30/2028	Time of Inspection	08:40 AM
Address	334 SECOND AVE WEST HAVEN CT 06516-5149				Telephone	(860) 995-5109	Regular Capacity	6
					Hours of Operation	24 HOURS – 24 HOURS	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	7	Night Hours	Yes
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	itavlearningcenter20@gmail.com				Inspector's Email	silvana.carreon-zegarra@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**

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: 11/25/2028	
X	14. First Aid Certificate	
	Expiration date: 09/14/2026	

X	15. CPR Certificate	
	Expiration date:	
	09/14/2026	
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. Sub/Assistant	Y/N	Name:	ASHA POINDEXTER	Appvl #	92688
	Type of Staff:	Y				
	Substitute					
X	20. Emergency Caregiver					

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

<input type="radio"/>	21. Background Check(s)	Provider not in compliance with ensuring comprehensive background check(s) have been conducted. The provider did not maintain a current background check. The system indicates that she needs a background check. The provider stated that yesterday she did her fingerprint.
-----------------------	-------------------------	---

### PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
<input type="radio"/>	23. Freedom of Hazards	Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards. The OEC representative observed a wall air-conditioner unit on the children's cubbies. It presents a hazard for children. (Continues in the comments section)	
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
<input type="radio"/>	28. Electrical Safety	Provider not in compliance with ensuring that electrical cords do not hang within reach of children. The OEC representative observed an electrical cord from television hanging over children's library.	
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
<input type="radio"/>	31. Stairways - Protected, Handrails	Provider not in compliance with maintaining a sturdy handrail with no areas in which a child may fall through. The OEC representative observed a handrail with a gap where the children can fall through at the entrance of the house. (Continue in the comments section).	
X	32. Emergency Plan		

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log		
<b>X</b>	34. Smoke Detectors		
<b>X</b>	35. Carbon Monoxide Detector		
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<b>X</b>	42. Ventilation, Light and Temperature- 65°		
<b>X</b>	43. Window Safety		
<b>X</b>	44. Washing Toileting, Sewage Garbage Facilities		
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water		
<b>X</b>	46. Water Temperature- 60°-120°		
<b>X</b>	47. Pasteurization of Milk Supply		
<b>X</b>	48. Working Phone, Emergency Numbers Posted		
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints		
<b>O</b>	50. First Aid supplies	Provider not in compliance with maintaining a complete first aid kit when a cardiopulmonary resuscitation mouth barrier, roll of gauze, and hypoallergenic tape were missing.	
<b>X</b>	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
<b>X</b>	52. Smoking Prohibited		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	53. Enrollment Form		
----------	---------------------	--	--

<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining child health record(s). After reviewing sixteen children's files, observed that one child health record was missing.
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining complete immunization records(s) when two children were missing flu vaccines.
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input checked="" type="checkbox"/>	57. Authorized Release	
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Provider not in compliance with maintaining written parent permission for transportation of child(ren). After reviewing sixteen children's files, the OEC representative observed that one child was missing field trip and transportation permissions.
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition-Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input type="radio"/>	69. Individual Plan for Care (Written if Applicable)	Provider not in compliance with ensuring individual plans of care have been signed by the provider, parent and approved staff. The OEC representative observed two asthma Plan of Care without staff signatures.
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="checkbox"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

<b>X</b>	74. Crib or Other Provision Free from Observable Hazards	
<b>X</b>	75. Infants not Swaddled	
<b>X</b>	76. Infants Supervised – minimum every 15 minutes	
<b>X</b>	77. Req. for Sleep Arrangements Posted/Discussed	
<b>X</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<b>X</b>	79. Parent Information and Access	
<b>X</b>	80. Developmental Milestones – Posted	
<b>X</b>	81. Supervision- at all Times, Indoors, Outdoors	
<b>X</b>	82. Personal Schedule- Alert, Competent Attention	
<b>X</b>	83. Full Attention - Distractions, Employment, Socialization	
<b>X</b>	84. Immediate Attention	
<b>X</b>	85. Substitute – Emergency Caregiver Present	
<b>X</b>	86. Appr. Discipline, Behavior Management	
<b>X</b>	87. Discuss Beh. Management Methods w/Staff and Parents	
<b>X</b>	88. Child Protection- Abuse/Neglect	
<b>X</b>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<b>X</b>	90. Mandated Reporting Abuse or Neglect to DCF	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	91. Sick Child Care	
----------	---------------------	--

### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
----------	---	--

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

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
----------	---	--

**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

<b>X</b>	94. Policies and Procedures for Admin of Meds	During the inspection, the provider received a sample of administration of medication policy. After reading the policy, she informed to the OEC representative that she will implement the policy on her family home daycare
<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
<b>X</b>	98. Unused - Expired Nonprescription Meds	
<b>X</b>	99. Documented Medication Trained Staff	
<b>○</b>	100. Written Auth Prescriber/Parent Permission	Provider not in compliance with maintaining a written order from prescriber for medication. The OEC representative observed two autorization of administration for expired on July 2025
<b>X</b>	101. MAR Maintained	
<b>○</b>	102. Prescription Meds – Stored/Labeled	Provider not in compliance with maintaining proper labeling of medication. The OEC representative observed two asthma inhalation Aerosol without original box and without name.
<b>X</b>	103. Unused/Expired Prescription Meds	
<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
<b>X</b>	105. Self-Admin. Of Meds	
<b>X</b>	106. Petition for Special Medication Authorization	

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

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

<b>X</b>	112. Finger Stick Blood Glucose Testing Records	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		<b>X</b>	



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	11 out of 109
---	-----	-------------------------------------	---------------

**DISCUSSIONS/COMMENTS**

# 23 Freedom of Hazard: The OEC representative observed a small trampoline on the third floor, in a playroom area. The top tube was unattached and disconnected. The providers informed that she allowed only two children on the trampoline. The enrolled children are under six years old. The trampoline's direction, located on the base, indicate that it is not for children under six years old and that only one person at the time is allowed. # 31 Stairway: Protected/Handrails; Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when the children have access to the stairs during outdoor activities. The OEC representative observed five stairs in the outdoor area without a gate or other structure to protect children's access. ----- During the inspection, the OEC representative did not observe a bed/mattress, clothing, toileting items or any signs that someone lives in the house. The provider stated that she sometimes she sleeps here. The provider received all the information regarding the certificate of occupancy and was requested to provide one. Discussion about night care requirements and water temperature. The provider reviewed the OEC regulations including safe sleep, supervision, night care, medication administration, supervision, record keeping, documentation. She received emergency plan form, Infant Sleep Policy, and flyers regarding safe sleep in day care.

**IMPORTANT NOTES**

- o It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- o Only the regulations marked as compliant or non-compliant were monitored or discussed.
- o **APPLICANTS** –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Silvana Carreon Zegarra (Printed Name)		01/22/2026	KIMBERLY TUCKER (Printed Name)