

REPORT OF INSPECTION

Name of Program/Provider: Trumbull Loves Children - Tashya Date: 9/11/23 Time: 3:15 pm

Location Address: 401 Stonehouse Rd Trumbull, Ct. 06611 Telephone: (203) 666-9749

E-mail Address: Cgordon@tlcttrumbull.com ^(response) BCEX#: 14448 YCEX#: _____

Ages Served: 5-12 # of children present: 34 # of staff present: 7

Purpose of Inspection: Ratio Partial

Observations/Corrections needed:

No Violations at this visit

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators are required to meet the Health & Safety Requirements at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Terr K Roberts

Print Name: Terr K Roberts ^(OEC Representative)

Signature: Alexis Green

Print Name: Alexis Green ^(Person in Charge)