

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	Trumbull Loves Children - Booth Hill	Date of Inspection:	3/20/25	Time of Arrival:	3:05 pm
Address:	545 Booth Hill Rd	License Number:	12064	Expiration Date:	3/31/26
Town:	Trumbull 06611	Telephone Number:	203-666-9253	Summer Care:	closed
Operator:	Trumbull Loves Children Inc.	# of Staff Present:	5 K6 (m)	# over 3 Present:	37
Email:	cgordon@tlc.trumbull.com	Total Capacity:	80	Total Under 3 capacity:	0
Designated Director:	Chauna Gordon	Hours/Days of Operation:	7:00am - 9:00am + 3:00pm - 6:00pm		

Instruction Codes: = Regulation in Compliance = Regulation not in Compliance N/A = Not applicable at this time

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a **STAFFING and CONSULTANTS 19a-79-4a**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 9/6/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records																				
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions																				
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks																				
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history																				
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history																				
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing																				
<input type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%																				
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older																				
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff																				
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS																				
<input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors NASA																				
<input checked="" type="checkbox"/> 11. (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 27. (d)(6)	Mixed age group																				
<input checked="" type="checkbox"/> 11. (d)(3) Closing time policy	<input checked="" type="checkbox"/> 27. (d)(4)(D)	Nap time ratio																				
<input checked="" type="checkbox"/> 11. (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 11. (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 29. (d)(5)	GROUP SIZE																				
<input checked="" type="checkbox"/> 11. (d)(5) Supervision policy	<input checked="" type="checkbox"/> 29. (d)(5)(A)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 11. (d)(6) General Operating policies	<input checked="" type="checkbox"/> 29. (d)(5)(B)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> 11. (d)(6)(C) Administrative Oversight policy	<input type="checkbox"/> 30. (e)(1)	Mixed age group-group size																				
<input checked="" type="checkbox"/> 11. (d)(7) Personnel policies	<input checked="" type="checkbox"/> 31. (f)(1)	Designated director-training																				
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 32. (f)(2)	CPR certified program staff																				
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> 33. (f)(2)	First aid certified program staff																				
<input checked="" type="checkbox"/> 14. (l) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	PROFESSIONAL DEVELOPMENT																				
<input checked="" type="checkbox"/> 15. (m) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 34. (4)(C)(i)	Documentation of prof. dev/trainings																				
<input checked="" type="checkbox"/> 16. (n) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 34. (e)(6)	Health & Safety training																				
<input checked="" type="checkbox"/> 17. (o) Capacity	<input checked="" type="checkbox"/> 34. (e)(6)	1% annual hours																				
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input type="checkbox"/> 35. (i)(1)(A)-(D)	SWIMMING ACTIVITIES - Y/N																				
<input checked="" type="checkbox"/> 18. (g)(8) Safe Sleep policy posted NA	<input checked="" type="checkbox"/> 35. (i)(2)	Swimming-Ratios																				
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> 35. (H)(i)-(I)(i)	Non-swimmers identified																				
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input type="checkbox"/> 35. (i) -	CPR certified staff-age 20 or older																				
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 35. (i)(2)(A-H)	Lifeguard-certified-supervising																				
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> 35. (F)	CONSULTANTS																				
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 35. (i)(2)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> 35. (H)(i)-(I)(i)	Consultant agreements-signed annually-agreements complete w/required services																				
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted NA		Consultant logs-documented activities, observations and required services																				
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)		Consultant visits- Education/Health																				
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted NA		<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Soc. Serv.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Trumbull Loves Children - Booth Hill	LICENSE NUMBER	12004	DATE OF INSPECTION	3/20/25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
<p><input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information</p> <p><input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission</p> <p><input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission</p> <p><input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records</p> <p><input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records</p> <p><input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff</p> <p><input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports</p> <p><input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury</p> <p><input checked="" type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality</p> <p><input checked="" type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases</p> <p style="margin-left: 20px;">Video recordings- keep 30 days</p>	<p><input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access</p> <p><input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained</p> <p><input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls</p> <p><input checked="" type="checkbox"/> 74. (d)(3) Window screens</p> <p><input checked="" type="checkbox"/> 75. (d)(4) Glass/mirrors protected- 36"</p> <p><input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)</p> <p><input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed</p> <p><input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing and bedding</p> <p><input checked="" type="checkbox"/> 79. (d)(8) SMOKING</p> <p style="margin-left: 20px;">Smoking, vaping or other electronic nicotine device prohibited on premises/grounds</p> <p><input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible</p> <p><input checked="" type="checkbox"/> 81. (d)(9) Electrical safety – outlets inaccessible - covered or protected</p> <p><input checked="" type="checkbox"/> 82. (d)(10)(A) TOILETING</p> <p style="margin-left: 20px;">Shared toilets/sinks-supervision plan</p> <p><input checked="" type="checkbox"/> 83. (d)(10)(B) Toileting needs met</p> <p><input checked="" type="checkbox"/> 84. (d)(10)(C) Potty chairs-nonporous, emptied, disinfected</p> <p><input checked="" type="checkbox"/> 85. (d)(10)(C) Required toilets/sinks-1:16</p> <p><input checked="" type="checkbox"/> 86. (d)(10)(E) Toileting Supplies-Hand drying-Garbage</p> <p><input checked="" type="checkbox"/> 87. (d)(10)(E) Handwashing staff/children</p> <p><input checked="" type="checkbox"/> 88. (d)(10)(F) Toilets/sinks located at the facility</p> <p><input checked="" type="checkbox"/> 89. (d)(10)(G) Well lighted/ventilated toilet rooms</p> <p><input checked="" type="checkbox"/> 90. (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)</p> <p><input checked="" type="checkbox"/> 91. (d)(11) Staff personal articles inaccessible</p> <p><input checked="" type="checkbox"/> 92. (e)(1) AIR TEMPERATURE</p> <p style="margin-left: 20px;">Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall</p> <p><input checked="" type="checkbox"/> 93. (e)(2) Air temp > 80 °F - ↑ fluids/ventilation</p> <p><input checked="" type="checkbox"/> 94. (e)(3) Water temperature 60°F-120°F</p> <p><input checked="" type="checkbox"/> 95. (e)(4) Portable space heaters prohibited</p> <p><input checked="" type="checkbox"/> 96. (e)(5) WALLS/CEILINGS/FLOORS/RUGS</p> <p style="margin-left: 20px;">Walls/ceilings/floors/rugs-clean/good repair</p> <p><input checked="" type="checkbox"/> 97. (e)(5) Rugs- not a tripping/slipping hazard</p> <p><input checked="" type="checkbox"/> 98. (e)(6) Hot water/Steam pipes protected</p> <p><input checked="" type="checkbox"/> 99. (e)(7) TELEPHONE/TELEPHONE NUMBERS</p> <p style="margin-left: 20px;">Working phone on each level</p> <p><input checked="" type="checkbox"/> 100. (e)(7) Emergency numbers posted-adjacent to phones</p> <p><input checked="" type="checkbox"/> 101. (e)(7) Parents provided direct on site phone number</p> <p><input checked="" type="checkbox"/> 102. (e)(8) LIGHTING</p> <p style="margin-left: 20px;">All areas min. 1 foot candle of lighting</p> <p><input checked="" type="checkbox"/> 103. (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible</p> <p><input checked="" type="checkbox"/> 104. (e)(9) Enough lighting for comfort</p> <p><input checked="" type="checkbox"/> 105. (e)(10) Light fixtures shielded/shatter proof</p> <p><input checked="" type="checkbox"/> 106. (e)(11) Potentially hazardous substances, materials labeled, inaccessible</p> <p><input checked="" type="checkbox"/> 107. (e)(12) Garbage/rubbish-disposed of daily, containers in good repair</p> <p><input checked="" type="checkbox"/> 108. (e)(12) Stairs-protected/good repair-handrails</p> <p><input checked="" type="checkbox"/> 109. (e)(13) Toxic plants/materials inaccessible</p> <p><input checked="" type="checkbox"/> 110. (e)(14-15) Pets or other animals-in good health, written care plan including access to children</p> <p><input checked="" type="checkbox"/> 111. (e)(16) Measures to prevent vermin</p> <p><input checked="" type="checkbox"/> 112. (e)(17) Radon test- Results: _____ (Schls-N/A)</p> <p><input checked="" type="checkbox"/> 113. (e)(18) Carbon monoxide detector-each level N/A</p> <p><input checked="" type="checkbox"/> 114. (f)(1)(A) Program space-adequate-35 sq. ft. per child</p> <p><input checked="" type="checkbox"/> 115. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust</p> <p><input checked="" type="checkbox"/> 116. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)</p> <p><input checked="" type="checkbox"/> 117. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible</p> <p><input checked="" type="checkbox"/> 118. (g)(4) Developmentally app equipment, materials</p>

HEALTH and SAFETY 19a-79-6a	PHYSICAL PLANT 19a-79-7a
<p><input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)</p> <p><input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks</p> <p><input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees</p> <p><input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths</p> <p><input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection _____ (N/A)</p> <p><input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)</p> <p><input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities</p> <p><input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils</p> <p><input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (N/A)</p> <p><input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep</p> <p><input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children</p> <p><input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms</p> <p><input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area</p> <p><input checked="" type="checkbox"/> 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)</p>	<p><input checked="" type="checkbox"/> 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible</p> <p><input checked="" type="checkbox"/> 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair</p> <p><input checked="" type="checkbox"/> 97. (e)(12) Stairs-protected/good repair-handrails</p> <p><input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible</p> <p><input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children</p> <p><input checked="" type="checkbox"/> 100. (e)(16) Measures to prevent vermin</p> <p><input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: _____ (Schls-N/A)</p> <p><input checked="" type="checkbox"/> 102. (e)(18) Carbon monoxide detector-each level N/A</p> <p><input checked="" type="checkbox"/> 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child</p> <p><input checked="" type="checkbox"/> 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust</p> <p><input checked="" type="checkbox"/> 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)</p> <p><input checked="" type="checkbox"/> 106. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible</p> <p><input checked="" type="checkbox"/> 107. (g)(4) Developmentally app equipment, materials</p>

PHYSICAL PLANT 19a-79-7a	PHYSICAL PLANT 19a-79-7a
<p><input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>7/23/24</u></p> <p><input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved</p> <p><input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion</p> <p><input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission</p> <p><input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program</p> <p><input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)</p> <p><input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals</p> <p><input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY – Public/Well (Schools N/A)</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test – Date: _____</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible</p> <p><input checked="" type="checkbox"/> 70. (c)(6)(A) LEAD PAINT - Building Pre-78 <u>Y/N</u> Lead Test <u>Y/N</u></p> <p style="margin-left: 20px;">Results <u>approved per annual current</u></p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan <u>annual current</u></p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Peeling Paint – <u>N</u> Inside/Outside</p>	<p><input checked="" type="checkbox"/> 108. (e)(12) Stairs-protected/good repair-handrails</p> <p><input checked="" type="checkbox"/> 109. (e)(13) Toxic plants/materials inaccessible</p> <p><input checked="" type="checkbox"/> 110. (e)(14-15) Pets or other animals-in good health, written care plan including access to children</p> <p><input checked="" type="checkbox"/> 111. (e)(16) Measures to prevent vermin</p> <p><input checked="" type="checkbox"/> 112. (e)(17) Radon test- Results: _____ (Schls-N/A)</p> <p><input checked="" type="checkbox"/> 113. (e)(18) Carbon monoxide detector-each level N/A</p> <p><input checked="" type="checkbox"/> 114. (f)(1)(A) Program space-adequate-35 sq. ft. per child</p> <p><input checked="" type="checkbox"/> 115. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust</p> <p><input checked="" type="checkbox"/> 116. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)</p> <p><input checked="" type="checkbox"/> 117. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible</p> <p><input checked="" type="checkbox"/> 118. (g)(4) Developmentally app equipment, materials</p>

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Trumbull Loves Children - Both full	LICENSE NUMBER	12064	DATE OF INSPECTION	3/20/25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert play. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible

	128.	<input type="checkbox"/>	(e)(2)
		<input type="checkbox"/>	(e)(3)
		<input type="checkbox"/>	(e)(4)
		<input type="checkbox"/>	(e)(5)
		<input type="checkbox"/>	(e)(6-9)
		<input type="checkbox"/>	(e)(7)
		<input type="checkbox"/>	(e)(8)
		<input type="checkbox"/>	(e)(10)(A-C)
	129.	<input type="checkbox"/>	(f)(1)
		<input type="checkbox"/>	(f)(2)
		<input type="checkbox"/>	(f)(3)
		<input type="checkbox"/>	(f)(4)
	130.	<input type="checkbox"/>	(g)(1)
		<input type="checkbox"/>	(g)(1)
		<input type="checkbox"/>	(g)(1)
		<input type="checkbox"/>	(g)(2)
		<input type="checkbox"/>	(g)(3)
		<input type="checkbox"/>	(g)(4)
		<input type="checkbox"/>	(g)(5)
		<input type="checkbox"/>	(g)(6)
		<input type="checkbox"/>	(g)(7)
		<input type="checkbox"/>	(g)(8)
	131.	<input type="checkbox"/>	(h)(1)
		<input type="checkbox"/>	(h)(1)
		<input type="checkbox"/>	(h)(2)
		<input type="checkbox"/>	(h)(2)
	135.	<input type="checkbox"/>	(i)(1)(2A-C)
	136.	<input type="checkbox"/>	
		<input type="checkbox"/>	(j)
		<input type="checkbox"/>	(k)(1)
		<input type="checkbox"/>	(k)(2)
		<input type="checkbox"/>	(k)(3)
		<input type="checkbox"/>	(k)(4)
		<input type="checkbox"/>	(k)(5)
	137.	<input type="checkbox"/>	(l)(1)
	138.	<input type="checkbox"/>	(l)(2)
	139.	<input type="checkbox"/>	(l)(3)

DIAPERING cont.
 Diaper area: used only for this purpose, located in the program area
 Diaper area: non-porous surface/good repair
 Diaper area: washed/disinfected after use
 Diaper area: disposable paper sheets
 Covered waste receptacle-removed daily
 Handwashing-staff/children
 Diapering-Handwashing policies-posted/followed
 Cloth diapers-written plan developed

LINENS/CLOTHING
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
 Under 12 mths placed on back for sleeping
 Crib-snug fitting mattress/tightly fitted sheet
 Alternate sleep position/equipment-medical documentation for medical reason on file
 Infants allowed to adopt other sleep positions
 No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 No unapproved sleeping-car seats/swings/beds, etc.
 No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 Observe/assess infants at least every 15 minutes
 Teething necklaces/bracelets, jewelry inaccessible
 Safe sleep policies - parents informed

TOYS AND OTHER OBJECTS
 Infant toys-separate/washed/sanitized daily
 Toddler toys-washed/sanitized weekly
 No toys/objects less than 1 1/4" diameter
 Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 Health consultant visits/documentation

FEEDING
 Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 Written feeding schedule from parent-updated
 Unused formula/milk discarded after feedings
 Clean bottles/disposable bottles/appvd washing
 Baby food served from dish or whole jar
 Bottles labeled with child's name
 Outdoor spaced fenced-4 ft (lic. after 1/1/25)

Outdoor equipment-developmentally appropriate for ages of the children
 Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		DIAPERING
		(e)(1)	Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
		(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
		(c)(2)	Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children
		(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
		(d)	Ratio- 1:15
		(e)	Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Thumball Loves Children-Booth **LICENSE NUMBER** 12064 **DATE OF INSPECTION** 3/20/25

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N **MONITORING OF DIABETES 19a-79-13** Y/N

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

146. (g) Designated Head teacher approved- 60%

171. (a)(1) Written policies and procedures

172. (b)(1)(A) STAFF TRAINING
Staff training – first aid
Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

(b)(1)(B) (i)-(iii)

(b)(2) Training updated at least every 3 years

(b)(3) Written documentation of training

(c)(2) Trained staff on site when child is present

173. (c)(3) Self-administration - written authorization and under supervision of trained staff

174. (d)(1) Equipment provided by parents

175. (d)(2) Equipment labeled and inaccessible

176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded

177. (e)(1) Authorized prescriber written order

178. (e)(2) Written authorization from parent

179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

147. (b) Approved Night Care Endorsement

148. (b)(1) Person in charge-head teacher

149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities

150. (b)(3) NA Written plan for supervision including cot placement and evacuation

151. (b)(4) Children in care no more than 12 hrs. in 24

152. (b)(5) Staff awake and available

153. NA SLEEP PROVISIONS

(b)(6) Individual cot/crib with bedding

(b)(6)(A) Sleeping apparel/toiletries labeled

(b)(6)(B) Required bedding

(b)(6)(C) Required toiletries

(b)(6)(D) Bedding/sleeping apparel laundered weekly

(b)(7) Sleep arrangements for infants

154. (b)(8) Air temp 65 °F at 3 ft

155. (b)(9) Fire marshal approval-hours specified

156. (b)(10) Local health approval

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

ADDITIONAL VIOLATION

157. (9a) Written medication policies/procedures

158. (9a) Permit enrollment of children with asthma, allergies, diabetes

159. NONPRESC. TOPICAL MEDICATION

(a)(2) Admin/Parent permission/report errors

(a)(3)(A-B) Labeling and Storage

(a)(3)(C) Unused/expired meds destroyed/returned

160. MEDICATION TRAINING

(b)(1)(A/C) Medication training-general-oral/top/inhalant

(b)(1)(D) Injectable premeasured autoinjector medication

(b)(1)(E) Rectal medication

(b)(1)(F) Injectable other than premeasured auto-injector

(b)(2)(A-B) Training approval documents/certificates

(b)(2)(C) Training outline on file

161. (b)(3)(A-B) Authorized prescriber/parent permission

162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

163. (b)(4)(A-B) Medication Administration Records (MAR)

164. (b)(5)(A-B) Labeling and Storage

165. (b)(5)(C) Emergency medication inaccessible

166. (b)(5)(D) Unused/Expired meds-destroyed/returned

167. (b)(5)(E) Auto-injector/inhalant equipment

168. (b)(6) Self-administration documentation

169. (b)(7)(A-B) Petition for special medication authorization

170. (d) Potassium Iodide (KI) emergency distribution–permission and storage (N/A)

180. - NO Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

1) New Regulations

2) all staff must have health + safety training by 4/1/25. All new staff within 3 months of hire

3) Policies checklist provided. Program must update all policies to reflect new regulations. via email

4) ensuring all staff have signed all emergency medication care plans.

5) new complaint procedures on website must be posted

6) administrative oversight policies must be posted

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff Fil Montanye

Printed Name Fil Montanye

Signature of person in charge Kristin Johnson

Printed Name Kristin Johnson

OEC DIVISION OF LICENSING
450 Columbus Blvd, Suite 302, Hartford, CT 06103
Help Desk: (800)282-6063 or (860)500-4450
Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4/3/25

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Trumbull loves children- Booth Hill License # 12064 Date: 3/20/25

Observations/Corrections needed:

Program not in compliance with:
#35(i)(1)(2)(A-H) consultant agreements required duties
when current agreements were observed incomplete
missing new duties for education, health and
social service based on new regulations dated 10/16/24.

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

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]

Print Name: Fil Montanye
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/3/25

Signature: [Signature]

Print Name: Kristin Johnson
(Person in Charge)