

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	Trumbull Loves Children-Jane Ryan	Date of Inspection:	3/25/25	Time of Arrival:	3:02pm
Address:	190 Park Lane	License Number:	14186	Expiration Date:	3/21/25
Town:	Trumbull Ct	Telephone Number:	203-666-9556	Summer Care:	Closed
Operator:	Trumbull Loves Children Inc	# of Staff Present:	4	# children Present:	22
Email:	cgordon@tlc.trumbull.com	Ages Served:	5yrs-11yrs.	Total Capacity:	77
Designated Director:	Chauna Gordon	Days of Operation:	M-F	Hours of Operation:	7:00am-9:00pm 3:00-6:00pm

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

**LICENSURE PROCEDURES 19a-79-2a**

1. (c)(8) Local Health Inspection-Date: 9/26/23

**ADMINISTRATION 19a-79-3a**

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<u>POLICIES-COMplete/IMPLEMENTED</u>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	<u>ACCESS</u>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<u>POSTINGS</u>
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight Policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 7a(e)(17)	Radon test posted (Sch (S-N/A))

**STAFFING and CONSULTANTS 19a-79-4a**

<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance -with bknd cks/history
<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29. (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 30. (e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31. (f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff

33. PROFESSIONAL DEVELOPMENT

Documentation  
Health & Safety training  
1% annual hours

34. SWIMMING ACTIVITIES - Y/N

Swimming-Ratios  
Non-swimmers identified  
CPR certified staff-age 20 or older  
Lifeguard-certified-supervising

35. CONSULTANTS

Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)  
Consultant agreements-signed annually-agreements complete w/required services  
Consultant logs-documented activities, observations and required services  
Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

PROGRAM NAME	Trumbull Loves Children - Jane Ryan	LICENSE NUMBER	14186	DATE OF INSPECTION	3/25/25
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RECORD KEEPING 19a-79-5a		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 79.
<input checked="" type="checkbox"/> 37.		<u>PARENT PERMISSIONS</u>	<input checked="" type="checkbox"/> (d)(8)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/> (d)(8)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> (d)(10)(A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> (d)(10)(B)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/> (d)(10)(D)
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> (d)(10)(E)
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> (d)(10)(E)
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> (d)(10)(F)
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> (d)(10)(G)
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> (d)(10)(H)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(11)
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> 82.
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> 83.

HEALTH and SAFETY 19a-79-6a		PHYSICAL PLANT 19a-79-7a	
<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code	<input checked="" type="checkbox"/> 86.
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks (N/A)	<input checked="" type="checkbox"/> 90.
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 91.
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> (e)(8)
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> (e)(10)
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 95.
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 96.
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 97.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)	<u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/> 98.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 99.
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> 101.
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> 102.
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> 103.
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> 104.
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> 107.
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> 108.
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 7129104	<input checked="" type="checkbox"/> 109.
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> (g)(4)
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> (g)(5)
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> (g)(6)
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free	<input checked="" type="checkbox"/> (j)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> (h)(1)
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	<u>WATER SUPPLY</u> - Public/Well (Schools N/A)	<input checked="" type="checkbox"/> (h)(2)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____	<input checked="" type="checkbox"/> (h)(3)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/> (h)(4)
<input checked="" type="checkbox"/>		Drinking water available/accessible	<input checked="" type="checkbox"/> (h)(5)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	<u>LEAD PAINT</u>	<input checked="" type="checkbox"/> (h)(6)
<input checked="" type="checkbox"/>		Building Pre-78: Y/N Lead Test: Y/N	<input checked="" type="checkbox"/> (h)(8)
<input checked="" type="checkbox"/>		Results approved plan	<input checked="" type="checkbox"/> (h)(9)
<input checked="" type="checkbox"/>		Lead Management Plan annual	<input checked="" type="checkbox"/> (h)(7)
<input checked="" type="checkbox"/>		Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/> (h)(7)(B)
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Emergency vehicle access	<input checked="" type="checkbox"/> (h)(7)(C)
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained	<input checked="" type="checkbox"/> (i)
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls	<input checked="" type="checkbox"/> (i)
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locks/spring protectors (N/A)	<input checked="" type="checkbox"/> (i)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed	<input checked="" type="checkbox"/> (i)

**SMOKING**  
Smoking, vaping or other electronic nicotine device prohibited on premises/grounds  
Matches/lighters inaccessible

**TOILETING**  
Shared toilets/sinks-supervision plan  
Toileting needs met  
Required toilets/sinks-1:25  
Toileting Supplies-Hand drying-Garbage  
Handwashing staff/children  
Toilets/sinks located at the facility  
Well lighted/ventilated toilet rooms  
Mechanical ventilation (after 11/194)(Grp Homes N/A)  
Staff personal articles inaccessible

**AIR TEMPERATURE**  
Air temp < 65°F comfortable  
Air temp > 80 °F - ↑ fluids/ventilation  
Portable space heaters prohibited  
Hot water/Steam pipes protected

**TELEPHONE/NUMBERS**  
Working phone on each level  
Emergency numbers posted-adjacent to phones  
Parents provided direct on site phone number

**LIGHTING**  
All areas min. 1 foot candle of lighting  
Enough lighting for comfort  
Light fixtures shielded/shatter proof  
Potentially hazardous substances, materials labeled, inaccessible  
Garbage/rubbish-disposed of daily, containers in good repair  
Stairs-protected/good repair-handrails  
Toxic plants/materials inaccessible  
Pets or other animals-in good health, written care plan including access to children  
Radon test- Results: \_\_\_\_\_ (Schls-N/A)  
Carbon monoxide detector-each level N/A  
Program space-adequate-35 sq. ft. per child  
Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust  
Developmentally app equipment, materials  
Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls  
Indoor climbing play equipment-shock absorbing materials under and around  
No weapons/no facsimile of a firearm

**OUTDOOR SPACE**  
Adequate space- 75 sq. ft. per child  
Shock absorbing surfaces-minimum 8"  
Playground free from hazards  
Nuts, bolts, screws-tight, covered/protected  
Outside equipment anchored-anchors buried  
New equip- cert playg. Inspection upon request  
Drinking water available/accessible  
Equipment arranged for safety-equip/fences/structures not hazardous

**OUTDOOR PROTECTED/FENCED**  
Playground protected from traffic, water, gullies or other hazards  
Fences installed to protect from water-4 ft, self closing and self latching devices or locks  
Rooftop play areas-6 ft. wall/barrier (N/A)

**WATER HAZARDS**  
Pools, swimming areas-conforms to DPH (N/A)  
Wading pools prohibited  
Hot tubs/spas/saunas-locked/inaccessible (N/A)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME: Trumbull Loves Children - Jones Room LICENSE NUMBER: 14186 DATE OF INSPECTION: 3/25/25

SCHOOL AGE ENDORSEMENT 19a-79-11

MONITORING OF DIABETES 19a-79-13 Y

- 140. (b) Approved Schl Age Endorsement **SCHEDULE - ACTIVITIES**
- 141. (c) Written daily program plan-flexible schedule-available to staff/parents
- (c)(1) Activities not a duplication of child's day
- (c)(2) 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
- Ratio- 1:15
- Group size- max. 30
- 143. (d) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 144. (e) Designated Head teacher approved- 60%
- 145. (f)
- 146. (g)

- 171. (a)(1) Written policies and procedures
- 172. (b)(1)(A) **STAFF TRAINING**
- (b)(1)(B) Staff training – first aid
- (i)-(iii) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
- (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
- (c)(3) Self-administration - written authorization and under supervision of trained staff
- 173. Equipment provided by parents
- 174. (d)(1) Equipment labeled and inaccessible
- 175. (d)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (d)(3) Authorized prescriber written order
- 177. (e)(1) Written authorization from parent
- 178. (e)(2) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
- 179. (e)(3)

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y

- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. (a)(2) **NONPRESC. TOPICAL MEDICATION**
- (a)(3)(A-B) Admin/Parent permission/report errors
- (a)(3)(C) Labeling and Storage
- 160. (b)(1)(A/C) Unused/expired meds destroyed/returned
- (b)(1)(D) **MEDICATION TRAINING**
- (b)(1)(E) Medication training-general-oral/top/inhalant
- (b)(1)(F) Injectable premeasured autoinjector medication
- (b)(2)(A-B) Rectal medication
- (b)(2)(C) Injectable other than premeasured auto-injector
- 161. (b)(3)(A-B) Training approval documents/certificates
- 162. (b)(3)(D) Training outline on file
- 163. (b)(4)(A-B) Authorized prescriber/parent permission
- 164. (b)(5)(A-B) Medication errors- documentation, parent(s) and OEC notification
- 165. (b)(5)(C) Medication Administration Records (MAR)
- 166. (b)(5)(D) Labeling and Storage
- 167. (b)(5)(E) Emergency medication inaccessible
- 168. (b)(6) Unused/Expired meds-destroyed/returned
- 169. (b)(7)(A-B) Auto-injector/inhalant equipment
- 170. (d) Self-administration documentation
- Petition for special medication authorization
- Potassium Iodide (KI) emergency distribution-permission and storage
- (N/A)

ADDITIONAL VIOLATION

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

**DISCUSSIONS/COMMENTS**

1) New regs

2) Complaint procedures sample on website

3) Policies checklist provided. all policies must be updated to reflect newly enacted Regs. dated Oct. 2024

4) All staff must have documentation of health + Safety training by 4/1/25. All new hires must have documentation of completion of health + Safety training w/i 3 months of hire.

FIN

\*violations: Program not in compliance with: #35 (A)(i)(2)(A-H) All required consultants agreements when new required services are not current with new regulations.

Signature of OEC staff: Fil Montanye

Printed Name: Fil Montanye

Signature of person in charge: Terri Levesque

Printed Name: Terri Levesque

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

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4/8/25

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