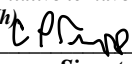




**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

<b>PROVIDER</b>	<b>CYNTHIA TRAPP</b>			<b>LICENSE NUMBER</b>	<b>DCFH.53663</b>	<b>DATE OF INSPECTION</b>	<b>05/18/2026</b>
				<b>EXPIRATION DATE</b>	<b>8/31/2029</b>	<b>TIME OF INSPECTION</b>	<b>10:39 AM</b>
<b>ADDRESS</b>	<b>30 HOUSATONIC AVE MILFORD  CT 06460-3416</b>			<b>TELEPHONE</b>	<b>(203) 645-7008</b>	<b>REGULAR CAPACITY</b>	<b>6</b>
				<b>HOURS OF OPERATION</b>	<b>8:00 AM - 5:00 PM</b>	<b>SCHOOL AGE CAPACITY</b>	<b>3</b>
				<b>DAYS OF OPERATION</b>	<b>Mon-Fri</b>	<b>SUMMER HOURS</b>	<b>Open</b>
<b>IS THIS A CHANGE OF ADDRESS?</b>	<b>YES</b>	<b>NO</b>	<b>NEW ADDRESS</b>	<b># UNDER 18 MTHS PRESENT</b>	<b>0</b>	<b>WEEKEND HOURS</b>	<b>No</b>
		<b>X</b>		<b>TOTAL CHILDREN PRESENT</b>	<b>2</b>	<b>NIGHT HOURS</b>	<b>No</b>
<b>TYPE OF INSPECTION</b>	<b>UNANNOUNCED INSPECTION - FULL</b>			<b>INSPECTOR'S NAME</b>	<b>Melissa Lohr</b>		
<b>PROVIDER'S EMAIL</b>	<b>cdatrapp@sbcglobal.net</b>			<b>INSPECTOR'S EMAIL</b>	<b>melissa.lohr@ct.gov</b>		
<b>KEY:</b>	<i>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)</i>						
<b>COMPLIANT = X</b>							
<b>NON-COMPLIANT = O</b>							
<i>Signature of Provider/Substitute/Applicant</i>							

**TERMS OF THE LICENSE 19a-87b-5**

<b>X</b>	<b>4. 5(d)(10(a)) CAPACITY</b>	
<b>X</b>	<b>5. 5(c) NON-TRANSFERABILITY OF LICENSE</b>	Pending?
<b>X</b>	<b>6. 5(e) INFANT/TODDLER RESTRICTION</b>	
<b>X</b>	<b>7. 5(f)(2) LICENSE POSTED</b>	
<b>X</b>	<b>8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER</b>	
<b>X</b>	<b>9. 5(h) PHOTO ID</b>	
<b>X</b>	<b>10. 5(i) REQUESTS FOR INFORMATION</b>	
<b>X</b>	<b>11. 5(j) NOTIFICATION OF CHANGE</b>	

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

<b>X</b>	<b>12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS</b>	
<b>X</b>	<b>13. 6(b) MEDICAL STATEMENT</b>	
	<b>EXPIRATION DATE:</b>	<b>09/05/2027</b>

<b>X</b>	<b>14. 6(c)(1)</b> <b>FIRST AID</b> <b>CERTIFICATE</b> EXPIRATION DATE: 07/01/2027	
<b>X</b>	<b>15. 6(c)(2)</b> <b>CPR CERTIFICATE</b> EXPIRATION DATE: 07/01/2027	
<b>X</b>	<b>16. 6(e)</b> <b>JUDGMENT</b>	

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

<b>X</b>	<b>17. 7(a)</b> <b>MEDICAL</b> <b>STATEMENT</b>	
<b>X</b>	<b>18. 7(b)</b> <b>HOUSEHOLD</b> <b>ENVIRONMENT</b>	

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

<b>X</b>	<b>19. 8(a)-(b)</b> <b>SUBSTITUTE -</b> <b>ASSISTANT</b>	Y/N	NAME:		Appvl #	
		N	NAME:		Appvl #	
	PRESENT AT VISIT?					
	N					
<b>X</b>	<b>20. 8(c)</b> <b>EMERGENCY</b> <b>CAREGIVER</b>					

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

<b>X</b>	<b>21. 8a(a)-(f)</b> <b>BACKGROUND</b> <b>CHECK(S)</b>	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	<b>22. 9(a)</b> <b>CLEAN/SANITARY</b> <b>ENVIRONMENT</b>	
<b>O</b>	<b>23. 9(b)</b> <b>FREEDOM OF</b> <b>HAZARDS</b>	Provider not in compliance with maintaining the facility free of hazards when the safety lock on the kitchen drawer that stores sharp knives no longer worked and an electric teapot with water was placed on the edge of the kitchen island counter and plugged in with the cord hanging down and accessible to children.
<b>X</b>	<b>24. 9(c)</b> <b>HARMFUL</b> <b>SUBSTANCES and</b> <b>MATERIALS</b> <b>INACCESSIBLE</b>	
<b>X</b>	<b>25. 9(c)</b> <b>BIO-</b> <b>CONTAMINANTS</b> <b>DISPOSED SAFELY</b>	
<b>X</b>	<b>26. 9(d)(1)</b> <b>SAFE STORAGE</b> <b>OF FLAMMABLES</b>	
<b>X</b>	<b>27. 9(d)(2)</b> <b>SAFE DOOR</b> <b>FASTENERS</b>	
<b>O</b>	<b>28. 9(d)(3)</b> <b>ELECTRICAL</b> <b>SAFETY</b>	Provider not in compliance with maintaining protective covers or approved safety outlets when 4 outlets were observed without safety covers in the kitchen.

X	29. 9(d)(4)-(A) SAFE EXITS		
X	30. 9(d)(4)(A) BASEMENT SUPERVISION USED FOR CARE ?	Y/N N Y/N N	
O	31. 9(d)(4)(D) STAIRWAYS - 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 main staircase for the home was accessible to children.	
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN		
X	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG		
X	34. 9(d)(6) SMOKE DETECTORS		
X	35. 9(d)(7) CARBON MONOXIDE DETECTOR		
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED		
X	37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM	TYPE:	APPROVED?
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION		
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT INDOORS   OUTDOORS Yes   Yes		
X	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE:	BARRIER:
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE		
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°		
X	43. 9(g) WINDOW SAFETY		
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES		
X	45. 9(i) ADEQUATE AND SAFE WATER - TYPE OF SYSTEM: Public Water		
X	46. 9(h) WATER TEMPERATURE- 60°-120°		

<b>X</b>	<b>47. 9(j)</b> PASTEURIZATION OF MILK SUPPLY	
<b>X</b>	<b>48. 9(k)</b> WORKING PHONE, EMERGENCY NUMBERS POSTED	
<b>X</b>	<b>49. 9(l)</b> SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
<b>O</b>	<b>50. 9(m)-(n)</b> FIRST AID KIT and SUPPLIES	Provider not in compliance with maintaining a complete first aid kit when 1 instant ice pack and 3in or 4in gauze squares were missing from the kit.
<b>X</b>	<b>51. 9(o)</b> PET PROTECTION PETS?	TYPE of PETS: 1 dog
	Y/N Y	
	RABIES CERTS?	Y/N Y
<b>X</b>	<b>52. 9(p)</b> <u>Smoking Prohibited</u>	

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

<b>O</b>	<b>53. 10(b)(1)</b> ENROLLMENT FORM	Provider not in compliance with maintaining child enrollment form(s) when a form was not on file for one enrolled student.
<b>O</b>	<b>54. 10(b)(2)</b> CHILD HEALTH RECORD	Provider not in compliance with maintaining child health record(s) when a record was not on file for one enrolled student.
<b>O</b>	<b>55. 10(b)(2)(v)(I)</b> IMMUNIZATIONS	Provider not in compliance with maintaining immunization record(s) when a record was not on file for one enrolled student.
<b>O</b>	<b>56. 10(b)(3)(B)</b> EMERGENCY PERMISSION	Provider not in compliance with maintaining complete emergency care information when emergency permissions were not on file for one enrolled child.
<b>O</b>	<b>57. 10(b)(3)(A)</b> AUTHORIZED RELEASE	Provider not in compliance with maintaining complete written parent permission to authorize removal of child(ren) when written permission for one enrolled child was not on file.
<b>X</b>	<b>58. 10(b)(3)(C)-(D)-(F)</b> FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	
<b>X</b>	<b>59. 10(b)(3)(E)</b> SWIMMING PERMISSION	
<b>X</b>	<b>60.10(b)(4)</b> INCIDENT LOG	
<b>X</b>	<b>61. 10(b)(5)</b> CONFIDENTIALITY	
<b>X</b>	<b>62. 10(c)</b> MEETING THE CHILD'S NEEDS	
<b>X</b>	<b>63.10(c)(1)</b> SUFFICIENT PLAY EQUIPMENT	

<b>X</b>	<b>64. 10(c)(2)</b> <b>GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE</b>	
<b>X</b>	<b>65. 10(c)(3)</b> <b>HANDWASHING</b>	
<b>X</b>	<b>66. 10(c)(4)</b> <b>FLEXIBLE AND BALANCED WRITTEN SCHEDULE</b>	
<b>X</b>	<b>67. 10(c)(6)</b> <b>PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES</b>	
<b>X</b>	<b>68. 10(c)(5)</b> <b>PROPER REST PROVISIONS – SAFE CRIBS</b>	
<b>X</b>	<b>69. 10(d)</b> <b>INDIVIDUAL PLAN FOR CARE</b>	
<b>X</b>	<b>70. 10(d)(1-2)</b> <b>CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES</b>	
<b>X</b>	<b>71. 10(e)</b> <b>INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS</b>	
<b>X</b>	<b>72. 10(f)(1)</b> <b>INFANTS PLACED ON BACK FOR SLEEPING</b>	
<b>X</b>	<b>73. 10(f)(1)</b> <b>INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET</b>	
<b>X</b>	<b>74. 10(f)(3)-(4)/(7)</b> <b>CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS</b>	
<b>X</b>	<b>75. 10(f)(5)</b> <b>INFANTS NOT SWADDLED</b>	
<b>X</b>	<b>76. 10(f)(6)</b> <b>INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES</b>	
<b>X</b>	<b>77. 10(f)(8)</b> <b>REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED</b>	
<b>X</b>	<b>78. 10(g)</b> <b>DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL</b>	
<b>X</b>	<b>79. 10(h)(1)-(9)-(11)</b> <b>PARENT INFORMATION AND ACCESS</b>	
<b>X</b>	<b>80. 10(h)(10)</b> <b>DEVELOPMENTAL MILESTONES – POSTED</b>	

<b>X</b>	<b>81. 10(i)</b> SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
<b>X</b>	<b>82. 10(i)(1)</b> PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
<b>X</b>	<b>83. 10(i)(2)</b> FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
<b>X</b>	<b>84. 10(i)(3)</b> IMMEDIATE ATTENTION	
<b>X</b>	<b>85. 10(i)(4)</b> SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
<b>X</b>	<b>86. 10(j)</b> APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
<b>X</b>	<b>87. 10(j)(2)</b> DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
<b>X</b>	<b>88. 10(k)(1)</b> CHILD PROTECTION- ABUSE/NEGLECT	
<b>X</b>	<b>89. 10(k)(2)(A-B)</b> NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
<b>X</b>	<b>90. 10(k)(3)</b> MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

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

<b>X</b>	<b>91. 11(a)(1)-(3)</b> SICK CHILD CARE	
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**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N**

<b>X</b>	<b>92. 12(a)(1)-(3)</b> SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	<b>93. 13(a)-(f)</b> ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

<b>X</b>	<b>94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS</b>	
<b>X</b>	<b>95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS</b>	
<b>X</b>	<b>96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)</b>	
<b>X</b>	<b>97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED</b>	
<b>X</b>	<b>98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS</b>	
<b>X</b>	<b>99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF</b>	
<b>X</b>	<b>100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION</b>	
<b>X</b>	<b>101. (b)(4)(A-B) MAR MAINTAINED</b>	
<b>X</b>	<b>102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED</b>	
<b>X</b>	<b>103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS</b>	
<b>X</b>	<b>104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT</b>	
<b>X</b>	<b>105. (b)(6) SELF - ADMIN. OF MEDS</b>	
<b>X</b>	<b>106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION</b>	
<b>X</b>	<b>107. (d) POTASSIUM IODIDE (KI)</b>	
	N/A	

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

<b>X</b>	<b>108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING</b>	
<b>X</b>	<b>109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED</b>	

<b>X</b>	<b>110. (c)(3)</b> SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
<b>X</b>	<b>111. (d)</b> TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
<b>X</b>	<b>112. (e)(1-2)</b> FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
<b>X</b>	<b>113. (e)(3)</b> PARENT NOTIFICATION OF TEST RESULTS	

**ADDITIONAL VIOLATIONS**

	<b>114.</b> CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
		<b>Y</b>	



<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>9 out of 110</b>
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**DISCUSSIONS/COMMENTS**

Discussed water temperature in upstairs bathroom needs to be lowered before provider may allow children to use that sink for hand washing. Water temperature measured at 124°F. Provider stated that children currently use downstairs bathroom for handwashing. Discussed making stairs inaccessible on second floor of home if children sleep up there.

**IMPORTANT NOTES**

\* 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.  
 \* Only the regulations marked as compliant or non-compliant were monitored or discussed.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	<b>Melissa Lohr</b>	<b>CYNTHIA TRAPP</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by:	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
	<b>06/01/2026</b>	
OEC Representative's Email: <b>melissa.lohr@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>	