

**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-	Date of Inspection:	5/19/26	Time of Arrival:	1:45
Address:	401 Stonehouse Rd Tashua	License Number:	14448	Expiration Date:	8/31/29
Town:	Trumbull	Telephone Number:	203-666-9749	Summer Care:	Open
Operator:	Trumbull loves children inc	# of Staff Present:	6	# children Present:	30
Email:	cgordon@lctrumbull.com	Ages Served:	5yrs-12yrs	Total Capacity:	75
Designated Director:	Chauna Maria Gordon	Days of Operation:	M-F	Hours of Operation:	8:15-7:00pm

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 10/15/25	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
ADMINISTRATION 19a-79-3a			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance -with bknd cks/history
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 29.	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 30.	(e)(1)	Designated director-training
<input checked="" type="checkbox"/> 11.		POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 32.	(f)(2)	First aid certified program staff
	<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy	<input checked="" type="checkbox"/> 33.		PROFESSIONAL DEVELOPMENT
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy		<input checked="" type="checkbox"/> (a)(2)	Documentation
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy		<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (h)(2)	1% annual hours
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy		<input checked="" type="checkbox"/> (4)(C)(ii-v)	SWIMMING ACTIVITIES - Y/N
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies		<input checked="" type="checkbox"/> (4)(C)(i)	Swimming-Ratios
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy		<input checked="" type="checkbox"/> (e)(6)	Non-swimmers identified
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies		<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 35.	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 13.	(f)	ACCESS		<input checked="" type="checkbox"/> (i) -	CONSULTANTS
	<input checked="" type="checkbox"/> (h)	Immediate access by parents		<input checked="" type="checkbox"/> (i)(2)(A-H)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 15.	(m)	Immediate access by OEC-facility/records		<input checked="" type="checkbox"/> (F)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 16.	(n)	Motor vehicle laws-transportation		<input checked="" type="checkbox"/> (i)(2)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 17.	(o)	Respond to OEC-no false, misleading statements or documents		<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 18.		POSTINGS			Contracts Logs Visits
	<input checked="" type="checkbox"/> 3a(e)(1)	License posted			Education Health Soc. Serv. Dietitian
	<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			

(Schls-N/A)

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

PROGRAM NAME	Thumball Loves Children-	LICENSE NUMBER	14448	DATE OF INSPECTION	5/19/26
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SCHOOL AGE ENDORSEMENT 19a-79-11	Tashua	MONITORING OF DIABETES 19a-79-13	Y/N	Y
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<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
	(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 144.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/> 145.	(f)	Group size- max. 30
<input checked="" type="checkbox"/> 146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
		Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 173.	(b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/> 174.	(b)(3)	Written documentation of training
<input checked="" type="checkbox"/> 175.	(c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 176.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 177.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 178.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 179.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	(e)(1)	Authorized prescriber written order
	(e)(2)	Written authorization from parent
	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

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

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage
		(N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

violations: Program not in compliance with:

#161 Authorized prescriber when 2 med orders observed expired (11/11/24, 4/14/25 date of order)

#166 Expired meds returned when 1 inhaler not returned exp 4/2026 Per physical (new) no asthma

Signature of OEC staff	<i>Al Montanise</i>
Printed Name	Al Montanise

Signature of person in charge	<i>Alexis Green</i>
Printed Name	Alexis Green 5-19-26

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: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 6/2/26

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