

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

The Chickens Museum + Preschool	2/4/25	856-1
180 Mahogan Dr	13033	1/31/26
West Hartford, CT 06117	860 523 7449	open
The Childrens Museums Inc	# of Staff Present: 11	# over 3 Present: 41
JBostron@thechildrensmuseumct.org	Total Capacity: 67	Total Under 3 capacity: 0
Julie Bostron		# under 3 Present: 0
		Ages Served: 3-5yrs
		M-F 8am-5pm

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-75-1b

1. (c)(8) Local Health Inspection-Date: 2/22/22	19. (a)(1)	Staff health records
	20. (a)(3)	Disciplinary actions
	21. (b)	Comprehensive Background Checks
	22. (b)(4)	Evidence of compliance
	23. (d)	Adequate staffing
	24. (d)(1)	Designated head teacher-approved-60%
	25. (d)(2)	Two staff present-age 18 or older
	26. (d)(3)(A-C)	Personal qualities of staff
	27. (d)(4)(A)	<b>RATIOS</b>
	28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
	29. (d)(4)(D)	Mixed age group-ratios
	30. (d)(5)	Nap time ratio
	31. (e)(1)	Supervision-Indoors/Outdoors
	32. (f)(1)	<b>GROUP SIZE</b>
	33. (f)(2)	Group Size-Indoors/Outdoors
	34. (g)(1)	Group Size-school age field trips/outdoors
	35. (g)(2)	Mixed age group-group size
		Designated director-training
		CPR certified program staff
		First aid certified program staff
		<b>PROFESSIONAL DEVELOPMENT</b>
		Documentation
		Health & Safety training
		1% annual hours
		<b>SWIMMING ACTIVITIES - Y/N</b>
		Swimming-Ratios
		Non-swimmers identified
		CPR certified staff-age 20 or older
		Lifeguard-certified-supervising
		<b>CONSULTANTS</b>
		Consultants-Education, Health, Social Service, 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 0 0 0
		Health 0 0 0
		Soc. Serv. 0 0 0
		Dietitian 0 0 0

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36.	(a)(1)(A-C)	Children's Enrollment information
37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	<b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission Transportation permission
38.	(a)(2)(A-B)	Child Health Records
39.	(a)(2)(C)	Immunization records
40.	(a)(2)(E)	Individual care plan-signed by parents/staff
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
42.	(a)(3)(B)	Parent notification of illness or injury
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
45.	(a)(4)	Video recordings- keep 30 days

72.	(d)(2)	Walkways maintained
73.	(d)(3)	Windows protected to prevent falls
74.	(d)(3)	Window screens (Schl age only- N/A)
75.	(d)(4)	Glass and mirrors protected to 36"
76.	(d)(5)	Overhead doors-locking devices, spring protectors
77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed (N/A)
78.	(d)(7)	Individual storage of clothing/bedding
79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
80.	(d)(8)	Matches/lighters inaccessible
81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
82.		<b>TOILETING</b>
		Shared toilets/sinks-supervision plan
		Toileting needs met
		Potty chairs-nonporous, emptied, disinfected
		Required toilets/sinks-1:16
		Required toilets/sinks-1:25 schl age only
		Toileting Supplies-Hand drying-Garbage
		Handwashing staff/children
		Toilets/sinks located-at the facility or licensed premises
		Well lighted/ventilated toilet rooms
		Mechanical ventilation (Grp Homes N/A)
		Staff personal articles inaccessible
		<b>AIR TEMPERATURE</b>
		Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
		Air temp < 65°F comfortable (Schl age only-N/A)
		Air temp > 80 °F - ↑ fluids/ventilation
		Water temperature 60 °F - 120 °F
		Portable space heaters prohibited
		Walls/ceilings/floors/rugs-clean/good repair
		Rugs- not tripping/slipping hazard
		Hot water/Steam pipes protected
		Working phone on each level
		Emergency numbers posted-adjacent to phones
		Parents provided direct on site phone number
		<b>LIGHTING</b>
		All areas min. 1 foot candle of lighting
		Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
		Schl age only-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
		Prevention of vermin-openings screened
		Radon test- Results: _____ N/A
		Results posted-Date: _____ (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
		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse boxes inaccessible
		Developmentally app equipment, materials

<b>ALTH and SAFETY 19a-79-6a</b>		
6.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
7.	(a)(2)	Nutritious meals and snacks
8.	(a)(3)	Proper refrigeration-41 degrees
9.	(a)(4)	Menus-1 wk in advance- keep 3 mths
10.	(a)(5)	Food Service Inspection (N/A)
11.	(a)(6)	Kitchen-clean, safe storage of food/supplies
12.	(a)(7)	Separate hand washing facilities
13.	(a)(8)	Multi-use eating/drinking utensils
14.	(a)(9)	Kitchen separated (Schl age only (N/A))
15.	(a)(10)	Children supervised during meal prep
16.	(a)(11)	Handwashing-staff/children
17.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
18.	(b)(2)	Designated isolation area
19.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
20.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
21.	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

83.	(d)(10)(A)	
84.	(d)(10)(B)	
	(d)(10)(C)	
	(d)(10)(C)	
	(d)(10)(D)	
	(d)(10)(E)	
	(d)(10)(E)	
	(d)(10)(F)	
	(d)(10)(G)	
	(d)(10)(H)	
85.	(d)(11)	
	(e)(1)	
	(e)(1)	
	(e)(2)	
	(e)(3)	
	(e)(4)	
	(e)(5)	
	(e)(5)	
	(e)(6)	
	(e)(7)	
	(e)(7)	
	(e)(7)	
	(e)(8)	
	(e)(9)	
	(e)(9)	
	(e)(9)	
	(e)(10)	
95.	(e)(11)	
96.	(e)(11)	
97.	(e)(12)	
98.	(e)(13)	
99.	(e)(14-15)	
100.	(e)(16)	
101.	(e)(17)	
102.	(e)(18)	
103.	(f)(1)(A)	
104.	(g)(1)	
105.	(g)(2)	
106.	(g)(3)	
107.	(g)(4)	

<b>PHYSICAL PLANT 19a-79-7a</b>		
62.	(a)(2)	Fire marshal codes/certificate 1/18/24
63.	(b)	Indoor/Outdoor space inspected/approved
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
68.	(c)(4)	Testing of premises/grounds for chemicals
69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: 12/7/24 Bact./Chem Test-Date: _____ N/A Drinking water available/accessible
70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____
71.	(d)(1)	Emergency vehicle access

95.	(e)(10)	
96.	(e)(11)	
97.	(e)(12)	
98.	(e)(13)	
99.	(e)(14-15)	
100.	(e)(16)	
101.	(e)(17)	
102.	(e)(18)	
103.	(f)(1)(A)	
104.	(g)(1)	
105.	(g)(2)	
106.	(g)(3)	
107.	(g)(4)	

PROGRAM NAME: The Childrens Museum + Food LICENSE NUMBER: 13033 DATE: 2/4/25

**PHYSICAL PLANT 19a-79-7a cont.** **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

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

129.	(f)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available
	(f)(2)	Linens washed weekly or as needed
	(f)(3)	Linens/clothing stored individually
	(f)(4)	Cribs/cots cleaned-linens changed when shared
130.	(g)(1)	<b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping
	(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
	(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	(g)(2)	Infants allowed to adopt other sleep positions
	(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
	(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	(g)(6)	Observe/assess infants at least every 15 minutes
	(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	(g)(8)	Safe sleep policies posted/parents informed
	(h)(1)	Infant toys-separate/washed/sanitized daily
131.	(h)(1)	Toddler toys-washed/sanitized weekly
132.	(h)(1)	No toys/objects less than 1 1/4" diameter
133.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
134.	(h)(2)	Health consultant visits/documentation
135.	(i)(1)(2A-C)	<b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
136.	(j)	Written feeding schedule from parent-updat
	(k)(1)	Unused formula/milk discarded after feeding
	(k)(2)	Clean bottles/disposable bottles/appvd wash
	(k)(3)	Baby food served from dish or whole jar
	(k)(4)	Bottles labeled with child's name
	(k)(5)	Outdoor spaced fenced-4 ft lic. after 1/1/25
137.	(l)(1)	Outdoor equipment-developmentally appropriate for ages of the children
138.	(l)(2)	Shock ab materials less than 1 1/4"-or meas in place to ensure their health & safety
139.	(l)(3)	

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

✓ 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
✓ 116.	(a)(1)-(11)	<b>EDUCATIONAL REQUIREMENTS</b> 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, physical activity
	(b)	Limited access to screen time/video games

**SCHOOL AGE ENDORSEMENT 19a-79-11**

117.	(b)	Approved Under 3 Endorsement
118.	(c)(2)	Ratio- 1:4 (6wks-24mths), 1:5 (24-36mths)
119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
120.	(c)(4)	Physical barriers- indoors/outdoors
121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
122.	(d)(2)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
123.	(d)(2)(B)	Washable cots
124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
126.	(d)(2)(E)	Refrigerator and food prep facilities
127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
128.	(e)(1)	<b>DIAPERING</b> Diaper area: elevated/sturdy/safety rail
	(e)(2)	Diaper area: used only for this purpose, located in the program area
	(e)(3)	Diaper area: non-porous surface/good repair
	(e)(4)	Diaper area: washed/disinfected after use
	(e)(5)	Diaper area: disposable paper sheets
	(e)(6)(9)	Covered waste receptacle-removed daily
	(e)(7)	Handwashing-staff/children
	(e)(8)	Diapering-Handwashing policies-posted/followed
	(e)(10)(A-C)	Cloth diapers-written plan developed

140.	(b)	Approved Schl Age Endorsement
141.	(c)	<b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible sched available to staff/parents
142.	(c)(1)	Activities not a duplication of child's day
	(c)(2)	Activities include cognitive, physical, soci emotional needs of the children
	(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concep activities, homework time, special events
143.	(d)	Ratio- 1:15
144.	(e)	Group size- max. 30
145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/
146.	(g)	Head teacher approved- 60%

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- 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) 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. 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

- 171. (a)(1)
- 172.  (b)(1)(A)  (b)(1)(B) (i)-(iii)
- 173. (c)(3)
- 174. (d)(1)
- 175. (d)(2)
- 176. (d)(3)
- 177. (e)(1)
- 178. (e)(2)
- 179. (e)(3)

Written policies and procedures  
**STAFF TRAINING**  
 Staff training – first aid  
 Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  
 Training updated at least every 3 years  
 Written documentation of training  
 Trained staff on site when child is present  
 Self-administration - written authorization and under supervision of trained staff  
 Equipment provided by parents  
 Equipment labeled and inaccessible  
 Signed agreement with parent regarding equipment, supplies, materials to be discarded  
 Authorized prescriber written order  
 Written authorization from parent  
 Testing results and actions taken – documented and kept on file, ensure parents are notified daily

**ADMINISTRATION OF MEDICATIONS 19a-79-9a (A)**

- 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
  - (b)(3)(A-B) Authorized prescriber/parent permission
  - (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 161. (b)(4)(A-B) Medication Administration Records (MAR)
- 162. (b)(4)(A-B) Labeling and Storage
- 163. (b)(5)(A-B) Emergency medication inaccessible
- 164. (b)(5)(A-B) Unused/Expired meds-destroyed/returned
- 165. (b)(5)(C) Auto-injector/inhalant equipment
- 166. (b)(5)(D) Self-administration documentation
- 167. (b)(5)(E) Petition for special medication authorization
- 168. (b)(6) Potassium Iodide (KI) emergency
- 169. (b)(7)(A-B) distribution-permission and storage (N/A)
- 170. (d)

**ADDITIONAL VIOLATION**

180. - Consent Order/Negotiated Corrective Act Plan conditions

**DISCUSSIONS - COMMENTS**

- Health & safety training for all staff  
 - All new regulations/items discussed  
 - Education consultant visit 1x  
 - rug scare in orange room  
 red and blue rooms

SIGNATURE OF OEC STAFF  
 PRINTED NAME

*Sha Kellen Kleiman*  
 Kleiman

*Julie Bostrom*  
 Julie Bostrom

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: 2/15/25  
 CAP: <https://www.ctoec.org/foia/documents/corrective-action-plan-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CHILDRENS MUSEUM + PRESCHOOL License # 13033 Date: 2/4/25

Observations/Corrections needed:

Regulations Not in compliance when observed

- #1 - Local health inspection not current. Send copy to Agency
- #11 (c)(1)(b), (d)(6)(c) - policies not current with new regulations
- #18 old complaint posted
- #35(i) - consultant agreements not current with new regs
- #40 - 5 care plans not available with Allergy or Asthma
- #166 - vents dusty in kids bathrooms, the red and CCK. ~~purple~~ rooms and green room bathrooms. Water stains in hall way, red and purple rooms
- #84(e)(1) - No wall thermometers observed in purple and red
- #95 - Bleach/water bottles not labeled with dilutions in all rooms
- #101 - radon test not available / not posted
- #116 - (a)(1-11) - educational requirements not current with new regulations
- #164 - Benadryl needed per care plan for 1 child. not on site.

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: *Ma Miller*  
(OEC Representative)  
Print Name: Ma Miller

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *Julie Bestrom*  
(Person in Charge)  
Print Name: Julie Bestrom

OEC BY: 2/18/25