

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

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

Name:	Cherry's Learning Tree	Date of Inspection:	2.20.25	Time:	8:40am
Address:	141 Franklin St	License Number:	Pending	Days:	Pending
City:	Stamford	Telephone Number:	347-545-9441	Hours:	open
Operator:	Cherry's Learning Tree CT LLC	# of Staff Present:	1	# over 3 Present:	0
Email:	cherrylearningtree@gmail.com	Total Capacity:	38	Total Under 3 capacity:	18
Inspector:	Shaavila Ruby Cherry	Hours of Day:	7:30am-5:30pm	M-F	

Inspection Code: 1-1000 (Initial) 1-1001 (Unannounced) 1-1002 (Announced) 1-1003 (Partial) 1-1004 (Follow-Up) 1-1005 (Change of Location)

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

LICENSURE PROCEDURES 19-79-2a		STAFFING and CONSUL TANTS 19-79-2b	
<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 12-12-24	
ADMINISTRATION 19-79-2a		STAFFING and CONSUL TANTS 19-79-2b	
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 19. (a)(1)
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 20. (a)(3)
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21. (b)
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23. (d)
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)
<input checked="" type="checkbox"/> 11.		POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> (d)(4)(B)
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> (d)(6)
	<input checked="" type="checkbox"/> (d)(2)(B-C)	Child Protection policy	<input checked="" type="checkbox"/> (d)(4)(D)
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy	<input checked="" type="checkbox"/> (d)(5)
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> (d)(5)(A)
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)(B)
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy	<input checked="" type="checkbox"/> (e)(1)
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies	<input checked="" type="checkbox"/> 30. (f)(1)
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> 31. (f)(2)
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies	<input checked="" type="checkbox"/> 32. (f)(2)
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 33. (g)(2)
<input checked="" type="checkbox"/> 13.		ACCESS	<input type="checkbox"/> (h)(1)(2)
	<input checked="" type="checkbox"/> (f)	Immediate access by parents	<input checked="" type="checkbox"/> (h)(1)(2)
	<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (4)(C)(ii-v)
<input checked="" type="checkbox"/> 14.	(l)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> (4)(C)(i)
<input checked="" type="checkbox"/> 15.	(m)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (e)(6)
<input checked="" type="checkbox"/> 16.	(n)	Capacity	<input checked="" type="checkbox"/> (e)(6)
<input checked="" type="checkbox"/> 17.	(o)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i)(1)(A)-(D)
<input checked="" type="checkbox"/> 18.		POSTINGS	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (e)(1)	License posted	<input checked="" type="checkbox"/> (i)(2)(A-H)
	<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (F)
	<input checked="" type="checkbox"/> (e)(3)	Menus posted	
	<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (i)(2)
	<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available	(H)(i)-(I)(i)
	<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted	
			Staff health records
			Disciplinary actions
			Comprehensive Background Checks
			Evidence of compliance
			Adequate staffing
			Designated head teacher-approved-60%
			Two staff present-age 18 or older
			Personal qualities of staff
			RATIOS
			Ratio 1:10 - Indoors/Outdoors
			Mixed age group-ratios
			Nap time ratio
			Supervision-Indoors/Outdoors
			GROUP SIZE
			Group Size-Indoors/Outdoors
			Group Size-school age field trips/outdoors
			Mixed age group-group size
			Designated director-training
			CPR certified program staff
			First aid certified program staff
			PROFESSIONAL DEVELOPMENT
			Documentation
			Health & Safety training
			1% annual hours
			SWIMMING ACTIVITIES - Y/N
			Swimming-Ratios
			Non-swimmers identified
			CPR certified staff-age 20 or older
			Lifeguard-certified-supervising
			CONSULTANTS
			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 / / /
			Health / / /
			Soc. Serv. / / /
			Dietitian N/A N/A

Chem's Learning Tree

LICENSE NUMBER Pending

2-20-25

RECORD KEEPING 19a-79-75

PHYSICAL PLANT 19a-79-7a

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

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		TOILETING

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	(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
<input checked="" type="checkbox"/> 61.	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> (e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
(e)(4)	Water temperature 60 °F - 120 °F
(e)(5)	Portable space heaters prohibited
(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
(e)(6)	Rugs- not tripping/slipping hazard
(e)(7)	Hot water/Steam pipes protected
(e)(7)	Working phone on each level
(e)(7)	Emergency numbers posted-adjacent to phones
(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(8)	LIGHTING
<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
(e)(10)	Light fixtures shielded/shatter proof
(e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
(e)(12)	Stairs-protected/good repair-handrails
(e)(13)	Toxic plants/materials inaccessible
(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
(e)(16)	Prevention of vermin-openings screened
(e)(17)	Radon test- Results: <u>0.2</u> N/A
(e)(18)	Results posted-Date: <u>1-8-25</u> (Schls-N/A)
(f)(1)(A)	Carbon monoxide detector-each level N/A
(g)(1)	Program space-adequate-35 sq. ft. per child
(g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
(g)(4)	Air conditioners, water heaters, fuse boxes inaccessible
(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>121224</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
	(c)(5)(B)	Lead Water Test - Date: <u>1.7.25</u>
	(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	Drinking water available/accessibile
	(c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: <u>NO Lead.</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Lead Management Plan _____
		Emergency vehicle access _____

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

PROGRAM NAME: Chem's Learning Tree LICENSE NUMBER: Pending INSPECTION DATE: 2-20-25

PHYSICAL PLANT 19a-79-7a **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. **OUTDOOR SPACE**
 - (h)(1) 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. **OUTDOOR PROTECTED/FENCING**
 - (h)(7) 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
- 114. (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
- WATER HAZARDS**
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
 - (j) Wading pools prohibited N/A
 - (i) Hot tubs/spas/saunas-locked/inaccessible N/A

- 129.
 - (f)(1)
 - (f)(2)
 - (f)(3)
 - (f)(4)
- 130.
 - (g)(1)
 - (g)(1)
 - (g)(1)
 - (g)(2)
 - (g)(3)
 - (g)(4)
 - (g)(5)
 - (g)(6)
 - (g)(7)
 - (g)(8)
- 131. (h)(1)
- 132. (h)(1)
- 133. (h)(2)
- 134. (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

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 posted/parents informed
 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

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 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, physical activity
 - (b) Limited access to screen time/video games

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

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

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 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)(Ai-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. **DIAPERING**
 - (e)(1) 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

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

- 140. (b) Approved Schl Age Endorsement
- 141. (c) **SCHEDULE - ACTIVITIES**
- 142.
 - (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
- 143. (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 144. (e) Ratio- 1:15
- 145. (f) Group size- max. 30
- 146. (g) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 Head teacher approved- 60%

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: *Cherry's Learning Tree* **LICENSE NUMBER:** *Pending* **DATE OF INSPECTION:** *2/20/25*

NIGHT CARE ENDORSEMENT 19a-79-12 (100-200) Y/N: *(N)* **MONITORING OF DIABETES 19a-79-13 (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) 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) Written policies and procedures
- 172. **STAFF TRAINING**
 - (b)(1)(A) Staff training – first aid
 - (b)(1)(B) 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. (d)(1) Equipment provided by parents
- 174. (d)(2) Equipment labeled and inaccessible
- 175. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (e)(1) Authorized prescriber written order
- 177. (e)(2) Written authorization from parent
- 178. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a (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. - Consent Order/Negotiated Corrective Action Plan conditions *(N/A)*

DISCUSSIONS - COMMENTS

SIGNATURE OF OEC STAFF: *[Signature]*
PRINTED NAME: *Lin Mangano*

SIGNATURE OF PERSON IN CHARGE: *Shaquela Ruby Cherry*
PRINTED NAME: *[Signature]*

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cherry's Learning Tree License # Pending Date: 2.20.25

Observations/Corrections needed:

Measurements
1054.88 93.6 58.52 152.1
ramp wall wall
Preschool T3 - $30.4 \times 34.7 + 2.6 \times 3.6 - 7.6 \times 7.7 - 11.7 \times 13 = 937.86 / 35 = 26$

Director requesting 20 children

T2 (Front) V3: $20.6 \times 19.5 = 401.7 / 35 = 11$ (10 2s or 8 V3)

T1 (back) V3: $30.6 \times 13.5 - 2.8 \times 7 = 411.14 = 11$ (8 due to group size)

Capacity 38/18

Outdoor playground - $61.4 \times 87.8 - 21.3 \times 32.7 - 11.7 \times 20.6 = 4453.39 / 75$
5390.92 wall 696.51 wall 241.02
= 59 over 35 or 8 under 35 or 10 2s

8 sinks / 4 toilets (child) 1 staff toilet/sink.

(59 over 35 or 8 under 35 or 10 2s)

* (66)(c)(2) - wood furniture not secured throughout, bathroom sink in child bathroom has a leaking pipe and 4 loose toilet seats, toilet seats very worn, toilets very dirty, ceiling fan very dusty in child bathroom, T1 - metal broom holder on wall secured low and sharp. T2 - splintering wood board on divider. T1 wood stair corners sharp

(75)(d)(4) T1 window glass not protected up to 36" and in playground all glass cubed windows not protected up to 36"

(81)(d)(9) outlets not covered throughout

(82)(d)(10)(4) Mechanical ventilation not working in both bathrooms

(128)(e)(1) - No changing table in T2

(e)(5) NO disposable sheets in T1 or T2

(66) continued - 1 ceiling tile not secured over ramp, 1 buckling in preschool room and 1 cracked over T2 room

(111)(h)(3) - ~~Asphalt~~ Asphalt walkway has several cracks and elevated areas.

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:

Print Name:

(OEC Representative)

Lon Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:

Print Name:

(Person in Charge)

Shaquela Peter Cherry

OEC BY: Prior to OEC Approval

SUPPLEMENTAL REPORT OF INSPECTION


Name of Program/Provider: Cherry's Learning Tree License # Pending Date: 7-20-25

Observations/Corrections needed:

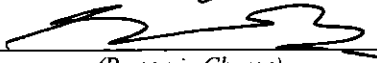
- All items checked were either discussed or observed.
- Director needs to submit supervision plan for children under 3 and outdoor climber. Director stated climber will only be for children over 3.
- Submit match supervision plan for children under 3.
- New regulations
- Ratios for 2s and group size
- Staff bathroom door knob key is difficult to unlock.

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: 
 (OEC Representative)
 Print Name: Lyn Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO
 OEC BY: prior to OEC approval

Signature: 
 (Person in Charge)
 Print Name: Shauna Ruby Cherry