

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

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

Address: Art-Nature @ Stamford Museum & Nature Ctr 39 Southfieldtown Rd Stamford	Date of Inspection: 3-28-25	Time of Arrival: 9am
Stamford Museum & Nature Center Inc preschool@stamfordmuseum.org Lisa Combs	License Number: 16536 Telephone Number: 203-977-6518	Expiration Date: 9-30-26 Status: Closed
# of Staff Present: 12	# over 3 Present: 45	# under 3 Present: 2 Am
Total Capacity: 64	Total Under 3 capacity: 0	Ages Served: 3-5 yrs
Operating Hours: M-F 9am-12 and 1-4pm		

Inspection Codes: - Regulatory in Compliance - Regulatory not in Compliance - N/A

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 9-6-24
<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 type="checkbox"/> 11. POLICIES-COMplete/IMPLEMENTED
<input type="checkbox"/> (d)(2)(A) Discipline policy
<input type="checkbox"/> (d)(2)(B)(C) Child Protection policy
<input type="checkbox"/> (d)(3) Closing time policy
<input type="checkbox"/> (d)(4)(A) Medical emergency policy
<input type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill
<input 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 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. ACCESS
<input checked="" type="checkbox"/> (f) Immediate access by parents
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization
<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. POSTINGS
<input checked="" type="checkbox"/> 3a(e)(1) License posted
<input 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"/> 3a(e)(6) Dev. Milestones posted
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)
<input checked="" type="checkbox"/> 10((g)(8) Safe Sleep policy posted

<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"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%																				
<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"/> 27. (d)(4)(A)	RATIOS																				
<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
<input checked="" type="checkbox"/> (d)(6)	Mixed age group																				
<input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio																				
<input checked="" type="checkbox"/> 28. (d)(5)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 29. (d)(5)(A)	GROUP SIZE																				
<input checked="" type="checkbox"/> (d)(5)(B)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 30. (e)(1)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> 31. (f)(1)	Mixed age group-group size																				
<input checked="" type="checkbox"/> 32. (f)(2)	Designated director-training																				
<input checked="" type="checkbox"/> 33. (a)(2)	CPR certified program staff																				
<input checked="" type="checkbox"/> (h)(1)	First aid certified program staff																				
<input checked="" type="checkbox"/> (h)(2)	PROFESSIONAL DEVELOPMENT																				
<input checked="" type="checkbox"/> (4)(C)(ii-v)	Documentation of prof. dev/trainings																				
<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training																				
<input checked="" type="checkbox"/> (e)(6)	1% annual hours																				
<input checked="" type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N																				
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios																				
<input checked="" type="checkbox"/> (i) - (i)(2)(A-H)	Non-swimmers identified																				
<input checked="" type="checkbox"/> (F)	CPR certified staff-age 20 or older																				
<input checked="" type="checkbox"/> (i)(2)	Lifeguard-certified-supervising																				
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	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																				
	<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Health</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Soc. Serv.</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Dietitian</td> <td>N/A</td> <td>N/A</td> <td></td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	/	/	/	Health	/	/	/	Soc. Serv.	/	/	/	Dietitian	N/A	N/A	
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Education	/	/	/																		
Health	/	/	/																		
Soc. Serv.	/	/	/																		
Dietitian	N/A	N/A																			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME

Mr. Vature & Me @ Stamford Me NC

LICENSE NUMBER

11536

3.28.25

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"/> 37.		PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	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"/> 71.	(d)(1)
<input checked="" type="checkbox"/> 72.	(d)(2)
<input checked="" type="checkbox"/> 73.	(d)(3)
<input checked="" type="checkbox"/> 74.	(d)(3)
<input checked="" type="checkbox"/> 75.	(d)(4)
<input checked="" type="checkbox"/> 76.	(d)(5)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)
<input checked="" type="checkbox"/> 78.	(d)(7)
<input checked="" type="checkbox"/> 79.	
<input checked="" type="checkbox"/> 81.	
<input checked="" type="checkbox"/> 82.	

Emergency vehicle access
Walkways maintained
Windows protected to prevent falls
Window screens
Glass/mirrors protected- 36"
Overhead doors-locking devices, spring protectors (N/A)
Exits, stairs, hallways unobstructed
Individual storage of clothing and bedding
SMOKING
Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
Matches/lighters inaccessible
Electrical safety - outlets inaccessible - covered or protected
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 (N/A)
<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 (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.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (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"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> (d)(10)(A)	
<input checked="" type="checkbox"/> (d)(10)(B)	
<input checked="" type="checkbox"/> (d)(10)(C)	
<input checked="" type="checkbox"/> (d)(10)(C)	
<input checked="" type="checkbox"/> (d)(10)(E)	
<input checked="" type="checkbox"/> (d)(10)(E)	
<input checked="" type="checkbox"/> (d)(10)(F)	
<input checked="" type="checkbox"/> (d)(10)(G)	
<input checked="" type="checkbox"/> (d)(10)(H)	
(d)(11)	
<input checked="" type="checkbox"/> (e)(1)	
<input checked="" type="checkbox"/> (e)(2)	
(e)(3)	
(e)(4)	
<input checked="" type="checkbox"/> (e)(5)	
<input checked="" type="checkbox"/> (e)(5)	
(e)(6)	
<input checked="" type="checkbox"/> (e)(7)	
<input checked="" type="checkbox"/> (e)(7)	
<input checked="" type="checkbox"/> (e)(7)	
<input checked="" type="checkbox"/> (e)(8)	
<input checked="" type="checkbox"/> (e)(9)	
<input checked="" type="checkbox"/> (e)(9)	
<input checked="" type="checkbox"/> (e)(9)	
<input checked="" type="checkbox"/> (e)(9)	
<input checked="" type="checkbox"/> (e)(10)	
<input checked="" type="checkbox"/> (e)(11)	
<input checked="" type="checkbox"/> (e)(12)	
<input checked="" type="checkbox"/> (e)(13)	
<input checked="" type="checkbox"/> (e)(14-15)	
<input checked="" type="checkbox"/> (e)(16)	
(e)(17)	
(e)(18)	
(f)(1)(A)	
(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)
<input checked="" type="checkbox"/> 106.	(g)(3)
<input checked="" type="checkbox"/> 107.	(g)(4)

Shared toilets/sinks-supervision plan
Toileting needs met
Potty chairs-nonporous, emptied, disinfected
Required toilets/sinks-1:16
Toileting Supplies-Hand drying-Garbage
Handwashing staff/children
Toilets/sinks located at the facility
Well lighted/ventilated toilet rooms
Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
Staff personal articles inaccessible
AIR TEMPERATURE
Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
Air temp > 80 °F - ↑ fluids/ventilation
Water temperature 60°F-120°F
Portable space heaters prohibited
WALLS/CEILINGS/FLOORS/RUGS
Walls/ceilings/floors/rugs-clean/good repair
Rugs- not a tripping/slipping hazard
Hot water/Steam pipes protected
TELEPHONE/TELEPHONE NUMBERS
Working phone on each level
Emergency numbers posted-adjacent to phones
Parents provided direct on site phone number
LIGHTING

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <i>529-24</i>
<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
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <i>7/1/24</i>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N, Lead Test: Y/N
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Results: <i>Lead Paint</i>
		Lead Management Plan: <i>every Fall/Spring</i>
	<input type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 95.
<input checked="" type="checkbox"/> 96.
<input checked="" type="checkbox"/> 97.
<input checked="" type="checkbox"/> 98.
<input checked="" type="checkbox"/> 99.
<input checked="" type="checkbox"/> 100.
<input checked="" type="checkbox"/> 101.
<input checked="" type="checkbox"/> 102.
<input checked="" type="checkbox"/> 103.
<input checked="" type="checkbox"/> 104.
<input checked="" type="checkbox"/> 105.
<input checked="" type="checkbox"/> 106.
<input checked="" type="checkbox"/> 107.

All areas min. 1 foot candle of lighting
Adequate lighting-30/50 candle feet-sufficient lighting to be visible
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
Measures to prevent vermin
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, free from rust
Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
Air conditioners/water heaters/fuse boxes inaccessible
Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Art-Nature & Me @ Stamford Md NS	LICENSE NUMBER	11574	DATE OF INSPECTION	3/28/25
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PHYSICAL PLANT 19a-79-7a cont.

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

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
<input checked="" type="checkbox"/>		(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, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 YN

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		DIAPERING
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input type="checkbox"/>	128.	(e)(2)	N/A	129.	130.	131.	135.	136.	137.	138.	139.	(i)(1)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(i)(1)(2A-C)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)	(k)(5)	(l)(1)	(l)(2)	(l)(3)	(j)	(k)(1)	(k)(2)	(k)(3)	(k)(4)
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Art Nature & Merit Stamford Museum & NC	LICENSE NUMBER 16596	INSPECTION DATE 3.28.25
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SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y/N	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y/N
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<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.	(g)	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 Staff training – first aid
		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
		(i)-(iii)	
		(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
<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/>	178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	179.	(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.	(a)(2)	NONPRESC. TOPICAL MEDICATION 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.	(b)(1)(A/C)	MEDICATION TRAINING 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

Regulation not in compliance when...

70 (c)(6)(b-d) - Lead monitoring completed 7.11.24 (last file) monitoring is to be conducted in Fall and Spring.

111(h)(2) - shock absorbing material does not equal 8" under and around climbing equipment.

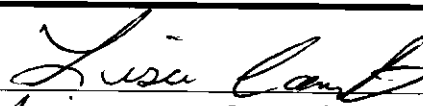
Discussion

- crack in owl ceiling
- child bathroom window has cobwebs
- New regulations - check but provided at inspection

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff: 

Printed Name: W. Mangano

Signature of person in charge: 

Printed Name: Lisa Combs

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: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4.11.25

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