



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oeclicensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	CHERRY'S LEARNING TREE				License Number	DCCC.70822		Date of Inspection	01/12/2026		
					Expiration Date	2/28/2029		Time of Inspection	01:00 PM		
Address	141 FRANKLIN ST STAMFORD CT 06901-1014				Telephone	(347) 595-9447		Licensed Capacity	60		
					Hours of Operation	7:30 AM – 5:30 PM		Under Three Capacity	18		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	12 – 10 month years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	Cherryslearningtree@gmail.com					
Operator	CHERRYS LEARNING TREE CT LLC				Director	SHAQUILA RUBY CHERRY					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Lori Mangano					
Numbers of Staff/Children Present	# Children Present under age 3	14	# Total Children Present	47	# of Staff Present	9	Purpose of Visit	Follow up to 12/17/26 inspection on medications			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[19a-79-3a(a)]	002-Ensuring the safety & health of children
<p>Program not in compliance with ensuring the safety, health and development of the children when 3 out of 4 staff in preschool 1 did not know which children required medications in their classroom when asked by inspector.</p>		
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(A-B) and (d)(6)]	027- Ratios
<p>Program not in compliance with maintaining overall staff/child ratios during nap time when it was observed when 2 staff were present with 22 children and one child was observed awake in room. PS 1 room</p>		
Statute and/or Regulation and Description:	[19a-79-5a(a)(2)(E)]	040- Individual care plan- signed by parents/staff
<p>Program not in compliance with maintaining staff signatures on individual care plans when staff had signed one page and it was photo copied for staff signatures that were attached to all the individual care plans for compliance.</p>		



Statute and/or Regulation and Description:	[19a-79-7a(g)(2)]	105- Adequate equipment for rest-cleaned when shared- cots - group homes- mats/sleeping bags
<p>Program not in compliance with providing an individual cot for each child when it was observed that one child was trying to sleep on a blanket on the floor and another child was sleeping at a table with head down on table.</p>		
Statute and/or Regulation and Description:	[19a-79-9a(b)(3)(A-B)]	161- Authorized prescriber/parent permission
<p>Program not in compliance with maintaining complete medication orders when one has an incomplete physician section for albuterol with condition, method of admin, time of admin and frequency. One child had altered authorization form for 2-4 puffs and 4 crossed out without health consultant documentation of alteration, and one albuterol authorization form indicates 2-4 puffs.</p>		
Statute and/or Regulation and Description:	[19a-79-9a(b)(5)(A-B)]	164- Labeling and storage
<p>Program not in compliance with maintaining proper labeling of medication when one inhaler is not labeled.</p>		
Statute and/or Regulation and Description:		
Statute and/or Regulation and Description:		
<p>REGULATIONS IN COMPLIANCE</p>		
Statute and/or Regulation and Description:		
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DISCUSSIONS/COMMENTS

Program had additional cots in a closet that were not in use. Staff did not utilize extra cots at nap time. Head teacher retrieved cots while inspector was present. Recommended staff retraining and program follow disciplinary protocol for staff if needed. Recommending health consultant review all medications and paperwork. Photos taken at inspection. Recommend an updated physician letter regarding no medication needed at program for seizures. Program had an authorization form for Tylenol dated a year after letter.

Were Violations cited during this visit? Y or N?	Yes	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Lori Mangano	Shaquila cherry	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by: 01/26/2026	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 Website: www.ctoec.org
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OEC Representative's Email: lori.mangano@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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