



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

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	THE CENTER: DROP-IN COMMUNITY LRNG & RESOURCE CTR				License Number	DCCC.15959	Date of Inspection	02/07/2024		
					Expiration Date	1/31/2026	Time of Inspection	02:47 PM		
Address	76 FEDERAL ST NEW LONDON CT 06320-6601				Telephone	(860) 442-4466	Licensed Capacity	85		
					Hours of Operation	MONDAY-FRIDAY 3:00 PM -5:30 PM SCHOOL YEAR, 6:30AM-5:30PM SUMMER TIME	Infant/Toddler Capacity	0		
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open		
New Address					Minimum Age Served	3 years	Maximum Age Served	12 years	Water Supply	Public Water
					Program's Email	rdyess@dropinlearningcenter.org				
Operator	THE CENTER:A DROP-IN COMM LRNG & RESOURCE CTR INC				Name of Inspector	Carolynne DeLoreto				
Director	REONA DYESS				Inspector's Email	carolynne.deloreto@ct.gov				
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	0	# of Total Children Present	27	# of Staff Present	6	Type of Inspection	UNANNOUNCED INSPECTION - FULL		

LICENSURE PROCEDURES 19a-79-2a

O	1. Local Health Inspection	Failed to maintain current local health inspection dated within last two years.
	Date:	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

X	1b. Administration	
X	1bb. Capacity	
X	2. New Staff – Employee Orientation	
X	3. Annual Staff Policy Training	
X	3b. Managing child behavior	
X	4. Documentation of Behavior M. Tech Discussed w/parents	
X	4b. Failure to report	

X	5. Notification of Change	
X	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
X	7. Daily Attendance Records- staff and children	
ITEMS POSTED – ACCESSIBLE		
X	8. License	
X	9. Fire Marshal certificate	
	Date	09/19/2023
X	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
X	12. Menus	
X	13. Emergency plans	
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date	Results
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. Endorsements	
STAFFING 19a-79-4a		
X	15c. Staffing	
○	16. Staff Health records – TB tests	Failed to maintain TB test(s) for one staff.
○	17. Professional development	Failed to document professional development equal to one percent of annual hours for two staff.
X	18. Disciplinary actions	
X	18b. Background checks	

<input checked="" type="checkbox"/>	19. Designated Head Teacher																			
<input checked="" type="checkbox"/>	20. Two Staff present																			
<input checked="" type="checkbox"/>	20a. Staff Qualities																			
<input checked="" type="checkbox"/>	21. Ratio: 1 staff to 10 children																			
<input checked="" type="checkbox"/>	21b. Supervision																			
<input checked="" type="checkbox"/>	22. Group Size – maximum 20 children																			
<input checked="" type="checkbox"/>	23. Designated director - Training																			
<input checked="" type="checkbox"/>	24. CPR Certified Staff (Group Home N/A)																			
<input checked="" type="checkbox"/>	25. First Aid Trained Staff																			
<input type="radio"/>	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements for dental, social service and education consultants.																		
<input type="radio"/>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs and no current logs for dental and social service.																		
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> <th>X</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?	X	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		
Education	Health	Social Service	Dental	Dietician N/A?	X															
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>																	
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>																	
	Contracts																			
	Logs																			
	Do they take children swimming?	N SWIMMING																		
<input checked="" type="checkbox"/>	28. Non-swimmers identified																			
<input checked="" type="checkbox"/>	29. Staff/Child Ratios																			
<input checked="" type="checkbox"/>	30. CPR certified staff (20 years of age)																			
<input checked="" type="checkbox"/>	31. Lifeguard certified - supervision																			
RECORD KEEPING 19a-79-5a																				
<input checked="" type="checkbox"/>	32. Enrollment information																			
<input checked="" type="checkbox"/>	33. Emergency medical permission																			
<input checked="" type="checkbox"/>	34. Authorized release permission																			
<input checked="" type="checkbox"/>	35. Field trip permission																			
<input checked="" type="checkbox"/>	36. Transportation permission																			

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain current health records for children when one physical on file is from child's fourth birthday and expired in September.	
<input type="radio"/>	38. Individual care plan (signed by parents and staff)	Failed to maintain complete individual care plans when four medication care plans are not signed by the parents and staff.	
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
<input type="radio"/>	40. Nutritious snacks and meals (required food groups)	Failed to document menu changes by the end of the program day when fruit is listed but not documented as to which fruit was served.	
<input checked="" type="checkbox"/>	41. Proper refrigeration (max 45°)		
<input checked="" type="checkbox"/>	42. Kitchen separated	N/A?	
<input checked="" type="checkbox"/>	43. Hand washing – before eating or food handling		
<input checked="" type="checkbox"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
PHYSICAL PLANT 19a-79-7a			
<input type="radio"/>	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services when the ceiling has several water stains and the drywall seams are peeling.	
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
<input checked="" type="checkbox"/>	49. Lead Water Test (N/A?) 04/13/2022	Bacterial/Chemical Test (N/A?)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	50. Walkways maintained		
<input checked="" type="checkbox"/>	51. Designated staff toilet/sink		
<input checked="" type="checkbox"/>	52. All openings for ventilation screened		
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
<input checked="" type="checkbox"/>	54. Glass protected up to 36"		
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	56. Exits, Hallways and Stairs unobstructed		

X	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
X	60. Electrical safety – outlets/cords	
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
X	63. Potty chairs – nonporous, emptied, disinfected	
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
X	66. Air temperature 65 degrees, thermometer affixed	
O	67. Water temperature 60° – 115°	Failed to ensure the water temperature is between 60-115 degrees when the water measured at 120 degrees Fahrenheit.
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
X	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
X	74. Adequate lighting - 50/30 candle feet	
X	75. Light fixtures shielded, shatter proof	
X	76. Potentially hazardous substances locked	
X	77. Garbage, rubbish disposed daily	

X	78. Stairs protected, good repair, handrails	
X	79. Pets – maintained, care plan	Y/N N
X	80. Operable CO detector on each level	N/A? Y
X	81. Program space-adequate square footage per child	
X	82. Equipment clean, good repair, safe, non-toxic	
X	83. Cots stored, maintained, adequate number	
X	84. Developmentally appropriate equipment	
X	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
X	86. No weapons, no facsimile of a firearm on premises	
OUTDOOR SPACE		
X	87. Outdoor space - adequate square footage per child	
X	88. Impact absorbing material under equipment	
X	89. Playground free from hazards	
X	92. Equipment anchored, safely arranged	
X	93. Outdoor play area protected, fenced	
X	94. Drinking water available, accessible	
EDUCATIONAL REQUIREMENTS 19a-79-8a		
X	95. Written plan for daily program available to parents/staff	
X	96. Schedule – Activity choices and Program	Activity choices: developmentally appropriate, flexible, meets individual needs Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up
ADMINISTRATION OF MEDICATIONS 19a-79-9a		
X	97. Written policies, procedures	
X	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS						
X	99. Administration, parent permission, MAR					
X	100. Labeling, storage					
ORAL/TOPICAL/INHALENT MEDICATIONS						
X	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
X	102. Authorized prescriber, parent permission, MAR					
X	103. Labeling, storage					
X	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
X	105. Authorized prescriber, parent permission, MAR					
X	106. Labeling, storage					
X	107. Approved petition for special medication authorization					
No	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10				
	109. Approved endorsement					
	110. Ratio: 1 staff to 4 children					
	111. Group size: no larger than 8					
	112. Physical barriers, groups of 8 (indoors and outdoors)					
	113. Adequate sinks in program space					
	114. Free standing, well-constructed, safe cribs					
	115. Washable cots					
	116. Chairs for feeding, stable, safety straps, locking tray					
	117. Developmentally appropriate tables, chairs, equipment					
	118. Refrigerators and food prep facilities					

119. Diaper area- sturdy, safety rail, nonporous, exclusive use			
120. Diaper area- washed, disinfected			
121. Diaper area- disposable paper sheets			
122. Covered waste receptacle			
123. Diaper changing policy posted, followed			
124. Hand washing policy posted, followed			
125. Individual storage of personal items			
126. Cribs/cots washed and disinfected			
127. Under 12 months- placed on back for sleeping			
128. Alternate sleep position- equipment, medical documentation	Yes	No	
129. Crib, bed used for infant sleeping			
130. Crib, bed free from observable hazards			
131. Infant toys separate, washed, disinfected daily			
132. No toys, objects less than 1/1/4" diameter			
133. Plastic bags, balloons, Styrofoam objects inaccessible			
134. Health consultant, doc. of visits			
135. Infants held for bottles, indiv. attention, tummy time			
136. Written statement, feeding schedule from parent			
137. Unused portions of liquids discarded			
138. Clean Bottles, disp. bottles, approved bottle washing			
139. Food served from dish or whole jar served			
140. Bottles individually identified with child's name			

OUTDOOR PLAY SPACE - UNDER THREE

	141. Play space fenced	
	142. Outdoor equipment developmentally appropriate	
Yes	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
X	143. Approved endorsement	
X	144. Activity choices appropriate	
X	145. Ratio – 1 staff to 10 children	
X	146. Group size – maximum 20 children	
X	147. Education Consultant appropriate	
No	Is there an approved endorsement?	NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
N	Child with diabetes enrolled?	MONITORING OF DIABETES 19a-79-13
X	154. Written policies and procedures	
X	155. On site staff trained in first aid, glucose testing	
X	156. Training current and documented	
X	157. Supervision of self-administration	
X	158. Equipment, supplies labeled and inaccessible	

X	159. Signed agreement with parents regarding equipment	
X	160. Materials discarded appropriately	
X	161. Authorized prescriber, parent permission	
X	162. Documentation of test results, actions taken	
X	163. Daily written parent notification	

ADDITIONAL VIOLATIONS

	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	



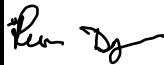
<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS:

Upon entrance to kitchen I noticed a natural gas smell. Oven and stovetop are gas. Program reports fan is usually on and smell is not present. Program to contact fire Marshall to evaluate and provide documentation that kitchen is safe.

COMMENTS:

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Carolynne DeLoreto (Printed Name)	Carolynne DeLoreto (Printed Name)	02/21/2024	Reona Dyess (Printed Name)