

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

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

Program Name:	CCSU Drop-In Childcare	Date of Inspection:	2.27.25	Time of Arrival:	10:00 am
Address:	1615 Stanley St.	License Number:	70058	Expiration Date:	8/31/26
Town:	New Britain 06053	Telephone Number:	860-832-2103	Summer Care:	open
Operator:	Central CT State University	# of Staff Present:	4	# over 3 Present:	9
Email:	kellymccarthy@ccsu.edu	Total Capacity:	48	Total Under 3 capacity:	
Designated Director:	Kelly McCarthy	Hours/Days of Operation:	M-F 9:00 am to 7:30 pm		

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation not in Compliance

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-79-4a cont.

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: <u>7/2/24</u>	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11. POLICIES-COMLETE/IMPLEMENTED	<input type="checkbox"/> 29. (d)(4)(D)	Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy ✓	<input checked="" type="checkbox"/> 30. (d)(5)	Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(B)-C) Child Protection policy	<input checked="" type="checkbox"/> 31. (e)(1)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input type="checkbox"/> 32. (f)(1)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input type="checkbox"/> 33. (f)(2)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill ✓	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 35. (e)(6)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> (i)(1)(A-D)	Designated director-training
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy ✓	<input type="checkbox"/> (i)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (i)(2)(A-H)	First aid certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (F)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 13. ACCESS	<input checked="" type="checkbox"/> (i)(2)	Documentation
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Health & Safety training ✓
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records		1% annual hours
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization		SWIMMING ACTIVITIES - Y(N)
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation		Swimming-Ratios
<input checked="" type="checkbox"/> 16. (n) Capacity		Non-swimmers identified
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents		CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 18. POSTINGS		Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (e)(1) License posted		CONSULTANTS ✓
<input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted		Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(3) Menus posted		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances		Agreements complete w/required services
<input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	
Soc. Serv.	✓	✓	
Dietitian	n/a	n/a	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME	CCSU Drop-In Child care	LICENSE NUMBER	70658	DATE OF INSPECTION	2.27.25
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RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	<input checked="" type="checkbox"/> 72.	(d)(2)
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	<input checked="" type="checkbox"/> 73.	(d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	<input checked="" type="checkbox"/> 74.	(d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	<input checked="" type="checkbox"/> 75.	(d)(4)
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	<input checked="" type="checkbox"/> 76.	(d)(5)
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	<input checked="" type="checkbox"/> 78.	(d)(7)
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	<input checked="" type="checkbox"/> 79.	(d)(8)
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	<input checked="" type="checkbox"/> 80.	(d)(8)
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	<input checked="" type="checkbox"/> 81.	(d)(9)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	<input checked="" type="checkbox"/> 82.	
<input checked="" type="checkbox"/> 44.	(a)(3)(D)		
<input checked="" type="checkbox"/> 45.	(a)(4)		

HEALTH and SAFETY 19a-79-6a			
<input checked="" type="checkbox"/> 46.	(a)(1)	<input checked="" type="checkbox"/> 83.	(d)(10)(A)
<input checked="" type="checkbox"/> 47.	(a)(2)	<input checked="" type="checkbox"/> 84.	(d)(10)(B)
<input checked="" type="checkbox"/> 48.	(a)(3)		(d)(10)(C)
<input checked="" type="checkbox"/> 49.	(a)(4)		(d)(10)(C)
<input checked="" type="checkbox"/> 50.	(a)(5)		(d)(10)(D)
<input checked="" type="checkbox"/> 51.	(a)(6)		(d)(10)(E)
<input checked="" type="checkbox"/> 52.	(a)(7)		(d)(10)(E)
<input checked="" type="checkbox"/> 53.	(a)(8)		(d)(10)(E)
<input checked="" type="checkbox"/> 54.	(a)(9)		(d)(10)(F)
<input checked="" type="checkbox"/> 55.	(a)(10)		(d)(10)(G)
<input checked="" type="checkbox"/> 56.	(a)(11)		(d)(10)(H)
<input checked="" type="checkbox"/> 57.	(b)(1)		(d)(11)
<input checked="" type="checkbox"/> 58.	(b)(2)	<input checked="" type="checkbox"/> 85.	(e)(1)
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<input checked="" type="checkbox"/> 86.	(e)(1)
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<input checked="" type="checkbox"/> 87.	(e)(2)
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	<input checked="" type="checkbox"/> 88.	(e)(3)
		<input checked="" type="checkbox"/> 89.	(e)(4)
		<input checked="" type="checkbox"/> 90.	(e)(5)
		<input checked="" type="checkbox"/> 91.	(e)(5)
		<input checked="" type="checkbox"/> 92.	(e)(6)
		<input checked="" type="checkbox"/> 93.	(e)(7)
		<input checked="" type="checkbox"/> 94.	(e)(7)
		<input checked="" type="checkbox"/> 95.	(e)(8)
		<input checked="" type="checkbox"/> 96.	(e)(9)
		<input checked="" type="checkbox"/> 97.	(e)(9)
		<input checked="" type="checkbox"/> 98.	(e)(9)
		<input checked="" type="checkbox"/> 99.	(e)(10)
		<input checked="" type="checkbox"/> 100.	(e)(11)
		<input checked="" type="checkbox"/> 101.	(e)(12)
		<input checked="" type="checkbox"/> 102.	(e)(13)
		<input checked="" type="checkbox"/> 103.	(e)(14-15)
		<input checked="" type="checkbox"/> 104.	(e)(16)
		<input checked="" type="checkbox"/> 105.	(e)(17)
		<input checked="" type="checkbox"/> 106.	(e)(18)
		<input checked="" type="checkbox"/> 107.	(f)(1)(A)
			(g)(1)
			(g)(2)
			(g)(3)
			(g)(4)

PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62.	(a)(2)	<input checked="" type="checkbox"/> 95.	(e)(10)
<input checked="" type="checkbox"/> 63.	(b)	<input checked="" type="checkbox"/> 96.	(e)(11)
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	<input checked="" type="checkbox"/> 97.	(e)(12)
<input checked="" type="checkbox"/> 65.	(b)(6)	<input checked="" type="checkbox"/> 98.	(e)(13)
<input checked="" type="checkbox"/> 66.	(c)(2)	<input checked="" type="checkbox"/> 99.	(e)(14-15)
<input checked="" type="checkbox"/> 67.	(c)(3)	<input checked="" type="checkbox"/> 100.	(e)(16)
<input checked="" type="checkbox"/> 68.	(c)(4)	<input checked="" type="checkbox"/> 101.	(e)(17)
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	<input checked="" type="checkbox"/> 102.	(e)(18)
	<input checked="" type="checkbox"/> (c)(5)(B)	<input checked="" type="checkbox"/> 103.	(f)(1)(A)
	<input checked="" type="checkbox"/> (c)(5)(C)	<input checked="" type="checkbox"/> 104.	(g)(1)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	<input checked="" type="checkbox"/> 105.	(g)(2)
	<input checked="" type="checkbox"/> (c)(6)(B-D)	<input checked="" type="checkbox"/> 106.	(g)(3)
<input checked="" type="checkbox"/> 71.	(d)(1)	<input checked="" type="checkbox"/> 107.	(g)(4)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME		CCSU Drop-In Childcare	LICENSE NUMBER	70658	DATE OF INSPECTION	2.27.25
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.			
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	<u>LINENS/CLOTHING</u>	
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input type="checkbox"/> (f)(2)	Linens/emergency clothing available	
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (f)(3)	Linens washed weekly or as needed	
<input checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>	<input type="checkbox"/> 130.	<input type="checkbox"/> (f)(4)	Linens/clothing stored individually	
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared	
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (g)(1)	<u>SAFE SLEEP</u>	
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping	
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet	
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file	
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions	
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles	
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.	
<input checked="" type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCING</u>		<input type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes	
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes	
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input type="checkbox"/> 131.	(h)(1)	Teething necklaces/bracelets, jewelry inaccessible	
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input type="checkbox"/> 132.	(h)(1)	Safe sleep policies posted/parents informed	
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A	<input type="checkbox"/> 133.	(h)(2)	Infant toys-separate/washed/sanitized daily	
<input checked="" type="checkbox"/> 114.		<u>WATER HAZARDS</u>	<input type="checkbox"/> 134.	(h)(2)	Toddler toys-washed/sanitized weekly	
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A	<input type="checkbox"/> 135.	(i)(1)(2A-C)	No toys/objects less than 1 ¼ " diameter	
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input type="checkbox"/> 136.	(j)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision	
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A			Health consultant visits/documentation	
<u>EDUCATIONAL REQUIREMENTS 19a-79-8a</u>					<u>FEEDING</u>	
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate		<input type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle	
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>		<input type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated	
	<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, physical activity	<input type="checkbox"/> 137.	(l)(1)	Unused formula/milk discarded after feedings	
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input type="checkbox"/> 138.	(l)(2)	Clean bottles/disposable bottles/appvd washing	
			<input type="checkbox"/> 139.	(l)(3)	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 ¼ "-or measures in place to ensure their health & safety	
<u>UNDER THREE ENDORSEMENT 19a-79-10</u> Y/N			<u>SCHOOL AGE ENDORSEMENT 19a-79-11</u> Y/N			
<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement	
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<u>SCHEDULE - ACTIVITIES</u>	
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents	
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day	
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children	
<input type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)			Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15	
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30	
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%	
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free				
<input type="checkbox"/> 128.		<u>DIAPERING</u>				
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail				
	<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area				
	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair				
	<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use				
	<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets				
	<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily				
	<input type="checkbox"/> (e)(7)	Handwashing-staff/children				
	<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed				
	<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed				

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CCSU Drop-In ^{child} care License # 70658 Date: 2.27.25

Observations/Corrections needed:

Program not in compliance when...

#31 CPR certified } staff not present during all
#32 First Aid certified } operating hours. Certificates observed
to be expired.

#35(i)(2)(A-H) Education consultant contract with all
required services missing consultant signature.

#90 Protection on steam pipes in hallway bathroom
in disrepair.

#160(b)(1)(D) Injectable medication training for staff
expired. one child with epipen enrolled.

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: Betty mayer
(OEC Representative)

Print Name: Betty Mayer McCarthy

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Kelly M. McCarthy
(Person in Charge)

OEC BY: 3/13/25

Print Name: Kelly M. McCarthy