



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



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:	The Center: Drop In Community Learning	Date of Inspection:	3/19/2025	Time of Arrival:	8:15 AM
Address:	76 Federal St.	License Number:	15959	Expiration Date:	1/31/2026
Town:	New London, CT 06320-6001	Telephone Number:	860-442-4466	Summer Care:	Open
Operator:	The Center: A Drop In Community Learning and Resource Center Inc.	# of Staff Present:	3	# over 3 Present:	9
Email:	address@dropinlearningcenter.org	Total Capacity:	48	Total Under 3 capacity:	0
Designated Director:	Keena Dupess	Hours/Days of Operation:	Monday-Friday 7-8:45 / 3-5:30 Saturday 8-5	Ages under 3 Present:	0
Instruction Codes:		√ = Regulation in Compliance		O = Regulation not in Compliance	
				N/A = Not applicable at this time	

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

1. (c)(8) Local Health Inspection-Date: 4/12/2022

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. (c)(1-4) **POLICIES-COMplete/IMPLEMENTED**
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)(C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. (f) **ACCESS**
  - (h) Immediate access by parents
- 14. (l) Immediate access by OEC-facility/records
- 15. (m) 2.8 yr olds in prek-authorization
- 16. (n) Motor vehicle laws-transportation
- 17. (o) Capacity
- 18. (o) Respond to OEC-no false, misleading statements or documents
- POSTINGS**
  - 3a(e)(1) License posted
  - 3a(e)(2) OEC Complaint Procedure posted
  - 3a(d)(6)(C) Administrative Oversight policy
  - 3a(e)(3) Menus posted
  - 3a(e)(4) No Smoking posted signs at entrances
  - 3a(e)(5) OEC Inspection report posted or available
  - 3a(e)(6) Dev. Milestones posted
  - 7a(e)(17) Radon Test posted (Schls-N/A)
  - 10(g)(8) Safe Sleep policy posted

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)-(e)(2)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- 28. (d)(4)(D)
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- (h)(1)
- (h)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (i)(1)(A)-(D)
- (i) -
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(1)(i)

Staff health records  
Disciplinary actions  
Comprehensive Background Checks  
Past employment history  
Evidence of compliance with bknd cks/history  
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  
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 of prof. dev/trainings  
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 (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	0	0	0
Health	0	0	0
Soc. Serv.	0	0	0
Dietitian	0	0	0

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

<b>PROGRAM NAME</b>	The Center: Drop In Community Learning	<b>LICENSE NUMBER</b>	15459	<b>DATE OF INSPECTION</b>	3/19/2025
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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36.		Children's Enrollment information	<input checked="" type="checkbox"/>		71.		Emergency vehicle access
37.	(a)(1)(A-C) <input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	<b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission Transportation permission	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72. 73. 74. 75. 76.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5)	Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors
38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	79.		<b>SMOKING</b>
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		(d)(8)	Matches/lighters inaccessible
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		(d)(9)	Electrical safety - outlets inaccessible - covered or protected
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<b>TOILETING</b>
45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Shared toilets/sinks-supervision plan

**HEALTH and SAFETY 19a-79-6a**

46.		Preparation, transportation of food-follow DPH Model Food Code	<input checked="" type="checkbox"/>		82.		(d)(10)(A)
47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(B)
48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(C)
49.	(a)(4)	Menus-1 wk in advance-keep 3 mths	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(E)
50.	(a)(5)	Food Service Inspection <u>5/3/2024</u> (N/A)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(E)
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(F)
52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(G)
53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(10)(H)
54.	(a)(9)	Kitchen separated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(d)(11)
55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(1)
56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(2)
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(3)
58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(4)
59.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(5)
	(c)	<b>FIRST AID SUPPLIES</b> -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"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(5)
	(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(6)

**PHYSICAL PLANT 19a-79-7a**

62.		Fire marshal codes/certificate <u>6/11/2024</u>	<input checked="" type="checkbox"/>		95.		(e)(10)
63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(9)
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(9)
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(10)
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(11)
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(12)
68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(13)
69.	(c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(14-15)
	(c)(5)(B)	Lead Water Test - Date: <u>4/13/2023</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(16)
	(c)(5)(C)	Bact./Chem Test-Date: <u>N/A</u> (N/A)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(17)
70.	(c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results: <u>Lead identified</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(e)(18)
	(c)(6)(B-D)	Lead Management Plan <u>Open space Classroom, handicapped boys bathroom</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(f)(1)(A)
		Peeling Paint - <u>Y/N</u> Inside/Outside	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(g)(1)

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>		<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>

<input checked="" type="checkbox"/> 108. <input checked="" type="checkbox"/> 109. <input checked="" type="checkbox"/> 110. <input checked="" type="checkbox"/> 111.  <input checked="" type="checkbox"/> 112.  <input checked="" type="checkbox"/> 114.	(g)(5) (g)(6) (j) (h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9)  (h)(7) (h)(7)(A) (h)(7)(B) (h)(7)(C)  (i) (i) (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <b>OUTDOOR SPACE</b> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <b>OUTDOOR PROTECTED/FENCED</b> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) <b>WATER HAZARDS</b> Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)	128.  N/A  129.  130.  N/A  131.  135. 136.  N/A  137. 138. 139.	<input type="checkbox"/> (e)(2) <input type="checkbox"/> (e)(3) <input type="checkbox"/> (e)(4) <input type="checkbox"/> (e)(5) <input type="checkbox"/> (e)(6-9) <input type="checkbox"/> (e)(7) <input type="checkbox"/> (e)(8) <input type="checkbox"/> (e)(10)(A-C)  <input type="checkbox"/> (f)(1) <input type="checkbox"/> (f)(2) <input type="checkbox"/> (f)(3) <input type="checkbox"/> (f)(4)  <input type="checkbox"/> (g)(1) <input type="checkbox"/> (g)(1) <input type="checkbox"/> (g)(1)  <input type="checkbox"/> (g)(2) <input type="checkbox"/> (g)(3)  <input type="checkbox"/> (g)(4) <input type="checkbox"/> (g)(5)  <input type="checkbox"/> (g)(6) <input type="checkbox"/> (g)(7) <input type="checkbox"/> (g)(8)  <input type="checkbox"/> (h)(1) <input type="checkbox"/> (h)(1) <input type="checkbox"/> (h)(2) <input type="checkbox"/> (h)(2)  <input type="checkbox"/> (i)(1)(2A-C)  <input type="checkbox"/> (j) <input type="checkbox"/> (k)(1) <input type="checkbox"/> (k)(2) <input type="checkbox"/> (k)(3) <input type="checkbox"/> (k)(4) <input type="checkbox"/> (k)(5)  <input type="checkbox"/> (l)(1) <input type="checkbox"/> (l)(2) <input type="checkbox"/> (l)(3)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed <b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> 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 - parents informed <b>TOYS AND OTHER OBJECTS</b> 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 <b>FEEDING</b> 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)
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**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/> 115.  <input type="checkbox"/> 116.	(a)  (a) (1)-(11)  (b)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents <b>EDUCATIONAL REQUIREMENTS</b> 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 Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	131.  N/A  135. 136.  N/A  137. 138. 139.	<input type="checkbox"/> (h)(1) <input type="checkbox"/> (h)(1) <input type="checkbox"/> (h)(2) <input type="checkbox"/> (h)(2)  <input type="checkbox"/> (i)(1)(2A-C)  <input type="checkbox"/> (j) <input type="checkbox"/> (k)(1) <input type="checkbox"/> (k)(2) <input type="checkbox"/> (k)(3) <input type="checkbox"/> (k)(4) <input type="checkbox"/> (k)(5)  <input type="checkbox"/> (l)(1) <input type="checkbox"/> (l)(2) <input type="checkbox"/> (l)(3)	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 <b>FEEDING</b> 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)
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**UNDER THREE ENDORSEMENT 19a-79-10** Y/N

<input type="checkbox"/> 117. <input type="checkbox"/> 118. <input type="checkbox"/> 119. <input type="checkbox"/> 120. <input type="checkbox"/> 121. <input type="checkbox"/> 122. <input type="checkbox"/> 123. <input type="checkbox"/> 124. <input type="checkbox"/> 125. <input type="checkbox"/> 126. <input type="checkbox"/> 127. <input type="checkbox"/> 128.	(b) (c)(2) (c)(3) (c)(4) (d)(1)(A-C) (d)(2)(Ai-iii) (d)(2)(B) (d)(2)(C) (d)(2)(D) (d)(2)(E) (d)(3)(A-C) (e)(1)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) Physical barriers separating each group of children- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs/Pack-n-Plays -in compliance w/CPSC Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <b>DIAPERING</b> Diaper area: elevated/sturdy/safety rail	137. 138. 139.	<input type="checkbox"/> (l)(1) <input type="checkbox"/> (l)(2) <input type="checkbox"/> (l)(3)	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
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**SCHOOL AGE ENDORSEMENT 19a-79-11** Y/N

<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141.  <input type="checkbox"/> 142. <input type="checkbox"/> 143. <input type="checkbox"/> 144.	(b)  (c) (c)(1) (c)(2)  (c)(3)  (d) (e)	Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30	140. 141.	<input type="checkbox"/> (d) <input type="checkbox"/> (e)	Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
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**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**


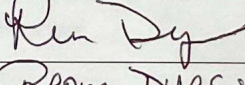
<b>PROGRAM NAME</b> <i>The Center: Drop In Community Learning</i>	<b>LICENSE NUMBER</b> <i>15959</i>	<b>DATE OF INSPECTION</b> <i>3/19/2025</i>
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <i>(Y/N)</i>	<b>MONITORING OF DIABETES 19a-79-13</b> <i>(Y/N)</i>
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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"/> 171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> <i>(Y/N)</i>			<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3)	
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 174.	(d)(1)	
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 175.	(d)(2)	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 177.	(e)(1)	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 178.	(e)(2)	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 179.	(e)(3)	
<input type="checkbox"/> 153.	(b)(6)	<b>SLEEP PROVISIONS</b> 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			
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft			
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified			
<input type="checkbox"/> 156.	(b)(10)	Local health approval			

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> <i>(Y/N)</i>	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	<b>Consent Order/Negotiated Corrective Action Plan conditions</b> <i>(N/A)</i>
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes		<i>N/A</i>	
<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C)	<b>NONPESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned	<b>DISCUSSIONS/COMMENTS</b> <i>(Per supervisor- Carolynne Delorto)</i> Program uses community park for outdoor play- no designated playground on site. Program must ensure space is free from hazards, has adequate square footage for number of children using space, shock absorbing material minimum 8in for all gross motor equipment, equipment is safety arranged, accessible drinking water and no nuts, bolts, screws protruding and tight. Program must update field trip permission form to include locations of all parks used for outdoor play.  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.		
<input type="checkbox"/> 160.	<input checked="" type="checkbox"/> (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F) <input checked="" type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (b)(2)(C)	<b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file			
<input 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 type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage <i>(N/A)</i>			

<b>Signature of OEC staff</b>		<b>Signature of person in charge</b>	
<b>Printed Name</b>	BUDGET L. MERRIW	<b>Printed Name</b>	REONA DYES
<b>OEC DIVISION OF LICENSING</b> 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: <i>4/2/2025</i>	
		CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Center: Drop In Community Learning License # 15959 Date: 3/19/2025

Observations/Corrections needed:

- # 1(c)(3): observed local health inspection to be more than 2 years old - submit copy
- # 21(b): observed 1 or more staff on BCIS Roster without current background checks
- # 37(a)(1)(b)(ii): observed no pickup person(s) with phone number(s) other than parent(s) for 3 of 5 child records sampled
- # 40- observed 6 emergency medications missing individual care plans signed by parent(s) and/or all staff responsible for childrens care during an emergency.
- # 69(c)(5)(A): observed lead water test to be more than 2 years old - submit copy of test from a minimum of 2 sides used for drinking/food prep
- # 70(c)(6)(B-D): observed no documentation that surfaces containing lead are being monitored
- # 31(f)(1): observed no documentation of CPR trained staff for all operating hours
- # 32(f)(2): observed no documentation of first aid trained staff for all operating hours
- # 33(h)(2): observed no documentation of professional development for all staff equal to 1% of total annual hours worked
- # 35(i)(1)(A-D): Program doesn't have a dietary consultant but serves breakfast daily
- # 35(i)(1)(A-H): observed consultant agreements to be more than 1 year old
- # 35(F): observed consultant agreements missing wording/language specified in October 2024 regulations
- # 35(i)(2)(H)(i)-(I)(i): observed all consultant logs to be more than 1 year old
- # 50(a)(5): observed food service certificate to be expired - submit copy
- # 72(d)(10)(A): observed no written supervision plan for shared staff/child bathroom
- # 105(g)(2): observed no cots on site

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: [Signature]  
(OEC Representative)  
Print Name: BUDGET L. GERRIN

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)  
Print Name: Keona Dyess

OEC BY: 4/2/2025

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Center: Drop In Community Learning License # 15959 Date: 3/19/2025

Observations/Corrections needed:

- #116(b): observed video cartoon show/movie playing during inspection
  - #116(b)(2)(A-B): observed no documentation of medications trained staff for all operating hours that children who require medication are present
  - #116(b)(3)(A-B): observed 2 incomplete Abutrol authorizations, 1 expired Abutrol authorization and 1 incomplete Epi-Pen authorization
  - #170(a): observed no written parent permission for administration of KI pills for 1 of 5 child records sampled and observed KI pills to be unlocked.
- \* Discussed new regulations and provided information on where to find updated policies/procedures/plans on OEC website

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: [Signature]  
(OEC Representative)

Print Name: BRIDGET L HERRIN

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/2/2025

Signature: [Signature]  
(Person in Charge)

Print Name: REONA DYE