

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>Sonaca-Seymour Middle School</u>	License Number: <u>15755</u>	Date of Inspection: <u>8/21/22</u>	Time of Arrival: <u>9:30</u>
Address: <u>211 Mountain Rd.</u>	Expiration Date: <u>7/31/24</u>	Licensed Capacity: <u>160</u>	
Town: <u>Seymour, CT 06483</u>	Telephone: <u>203-888-4513</u>	# of children present: <u>75</u>	# of staff present: <u>8(2)</u>
Operator: <u>Seymour-Oxford Nursery + CC Assoc.</u>	Director: <u>Kelsey Arsenault</u>	Head Teacher: <u>Tracy Dunn</u>	
Email: <u>Sonaca@yahoo.com</u>	Summer Care: <u>Open</u>		
Hours of Operation: <u>M-F 7:00am-6:00pm Summer only</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>5-14 y.o.</u>			

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: 6/15/21

Administration 19a-79-3a

2. New Staff-Employee Orientation
 3. Annual Staff Policy Training
 4. Documentation of Behavior M. Tech Discussed w/Parents
 5. Notification of Change
 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

8. License
 9. Current Fire Marshal Certificate Date: 6/23/22
 10. OEC Complaint Procedure
 11. Food Service Certificate Date: Exp 8/12/22
 12. Menus
 13. Emergency Plans
 14. No Smoking Signs
 15. Radon Test (Y/N) Date: _____ Results: _____

Staffing 19a-79-4a

16. Staff Health Records/TB Tests
 17. Professional Development
 18. Disciplinary Actions
 19. Designated Head Teacher/60%
 20. Two Staff Present
 23. Designated Director/Training
 24. CPR Certified Staff
 25. First Aid Trained Staff

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	✓	✓

27. Logs/Visits Documented

Swimming: (Y/N)

28. Non-Swimmers Identified
 29. Staff/Child Ratios
 30. CPR Certified Staff (20 years of age)
 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

32. Enrollment Information
 33. Emergency Medical Permission
 34. Authorized Released Permission
 35. Field Trip Permission
 36. Transportation Permission
 37. Child Health Records/Immunizations/TB
 38. Individual Care Plan (Signed by Parent/Staff)
 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

40. Nutritious Snacks/Meals (Required Food Groups)
 41. Proper Refrigeration
 42. Kitchen Separated
 43. Hand Washing Before Eating/Food Handling
 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

45. License Premise: Clean/Good Repair/Hazard Free
 48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public/Well
 49. Lead Water Test (Y/N) Date: _____
Bacterial/Chemical Test (Y/N) Date: _____
 50. Walkways Maintained
 51. Designated Staff Toilet/Sink
 53. Windows Protected to Prevent Falls
 55. Overhead Doors Locking Devices/ Spring Protectors
 56. Exits/Hallways and Stairs Unobstructed
 58. Smoking Prohibited
 59. Matches/Lighters Inaccessible
 61. Toileting Needs Met
 62. Required Toilets/Sinks/Supplies
 64. Hand Washing After Toileting: Staff/Children
 65. Ventilation in Toilet Room
 66. Air Temperature Comfortable
 68. Portable Space Heaters
 69. Building/Equipment: Sanitary/Hazard Free
 71. Hot Water/Steam Pipes Protected
 72. Working Phone on Each Level

Signature of OEC Representative:

[Signature]

Written Corrective Action Plan

Due to OEC by: 8/16/22

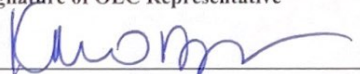
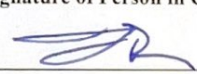
Signature of Person in Charge:

[Signature]

Print name: Kristi Morgan

Print name: Tracy Dunn

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <u>Bonoca-Seymour Middle School</u>		License Number: <u>15755</u>	Date of Inspection: <u>8/2/22</u>
<u>Physical Plant continued:</u> <input checked="" type="checkbox"/> 73. Emergency Numbers Posted <input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input checked="" type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <u>Outdoor Space</u> <input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment <input checked="" type="checkbox"/> 89. Playground Free of Hazards <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input checked="" type="checkbox"/> 93. Outdoor Playground Protected <input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible <u>Educational Requirements 19a-79-8a</u> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 96. 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 <u>Administration of Medications 19a-79-9a</u> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <u>Nonprescription Topical Medications</u> <input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR <input checked="" type="checkbox"/> 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input checked="" type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> <input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 106. Labeling/Storage <input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization		<u>School Age Children Endorsement 19a-79-11</u> <input checked="" type="checkbox"/> 143. Approved Endorsement <input checked="" type="checkbox"/> 144. Activity choices appropriate <input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children <input checked="" type="checkbox"/> 147. Education Consultant Appropriate <u>Monitoring of Diabetes 19a-79-13</u> <u>no child enrolled</u> <input checked="" type="checkbox"/> 154. Written Policies/Procedures <input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input checked="" type="checkbox"/> 156. Training Current/Documented <input checked="" type="checkbox"/> 157. Supervision of Self Administration <input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input checked="" type="checkbox"/> 160. Materials Discarded Appropriately <input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input checked="" type="checkbox"/> 163. Daily Written Parent Notifications	
Signature of OEC Representative 	Written Corrective Action Plan Due to OEC by: <u>8/16/22</u>	Signature of Person in Charge 	

Print Name: Krisi Morgan

Print Name: Tracy Dunn

SUPPLEMENTAL REPORT OF INSPECTION

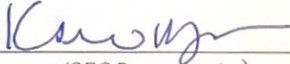
Name of Program/Provider: Soncca - Seymour Middle School License # 15755 Date: 8/2/22

Observations/Corrections needed:

- 12 - current menu not posted.
- 16 - 3 staff physicals not observed.
- 27 - health consultant log not observed.
- 38 - 4 individual care plans not signed by parent; 8 not signed by staff; 1 could not be followed as written - only 1 epi-pen on site.
- 41 - most lunchboxes had perishables inside without ice packs.
- 42 - observed door to kitchen in cafeteria open.
- 74 - observed unlocked + accessible lysol wipes.
- 80 - CO detector not observed.
- 102 - 2 medication authorization forms not on site; 2 not signed by parent.
- 103 - observed 1 emergency medication without original prescription label; 1 benadryl unlabeled.
- 145 - observed staff routinely walking in/out of classrooms leaving room out of ratio. Observed cafeteria at 42:3 ratio upon arrival.
- 19a-79-3a(a) - 1 emergency medication not on site; Program failed to ensure the health + safety of children when staff began working with children prior to verifying the completion of comprehensive background checks.
immediate correction needed

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

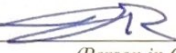
Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 

(OEC Representative)

Print Name: Krini Magen

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 

(Person in Charge)

OEC BY: 8/16/22

Print Name: Tracy Dunn

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sonca - Seymour middle School License # 15755 Date: 8/21

Observations/Corrections needed:

19a-79-3a(b)(P)(A) - Staff failed to manage childrens behavior appropriately when 1 staff person was routinely yelling in a negative + harsh manner in an attempt to manage behavior.

discussed:

- 2 staff not signed in
- 1st Aid manual not in 1st Aid kit

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

Print Name: Kristi Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: _____

Print Name: Tracy Dunn