Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302, Hartford, CT 06103
Phone 800-282-6063 Fax 860-326-0552



# SCHOOL AGE ONLY INSPECTION FORM

☐ INITIAL ☒ UNANNOUNCED (FULL)/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

| | | |
|---|---|---|
| Program Name: SONCCA Center School | License Number: 70582 | Date of Inspection: 3/15/23 Time of Arrival: 1115 |
| Address: 50 Great Oak Rd | Expiration Date: 10/31/24 | Licensed Capacity: 60 |
| Town: Oxford | Telephone: (203) 893-5250 | # of children present: 23 # of staff present: 3 |
| Operator: Sonca LLC | Director: Kelsey Arsenault | |
| Email: sonca@yahoo.com | Head Teacher: Nicole Parker | |
| Hours of Operation: 7-9:00 3-6:00 | Summer Care: Closed | |
| Ages Served: 5 to 12 | Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time | |

**Licensure Procedures 19a-79-2a**
- ☑ 1. Local Health Inspection Date: 1/18/23

**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/Sta

**Items Posted: Conspicuous/Accessible**
- ☑ 8. License
- ☑ 9. Current Fire Marshal Certificate Date: 4/12/22
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date: n/a
- ☑ 12. Menus
- ☑ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- ☑ 15. Radon Test (Y/N) Date: n/a Results: _____
- ☑ 15a. Developmental Milestones

**Staffing 19a-79-4a**
- ☑ 16. Staff Health Records/TB Tests
- ☐ 17. Professional Development
- ☑ 18. Disciplinary Actions
- ☐ 18b. Background Checks
- ☑ 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 | n/a | n/a |

- ☑ 27. Logs/Visits Documented

**Swimming: (Y/N)**
- ☑ 28. Non-Swimmers Identified
- ☑ 29. Staff/Child Ratios
- ☑ 30. CPR Certified Staff (20 years of age)
- ☑ 31. Lifegaurd 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: n/a
  Bacterial/Chemical Test (Y/N) Date: n/a
- ☑ 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: Jaime Fortin<br>Print Name: Jaime Fortin | Written Corrective Action Plan Due to OEC by: 3/29/23 | Signature of Person in Charge: Nicole Parker<br>Print Name: Nicole Parker |

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# SCHOOL AGE ONLY INSPECTION FORM

Program Name: SONCCA

License Number: 7058J

Date of Inspection: 3/15/23

**Physical Plant continued:**

- ☑ 73. Emergency Numbers Posted
- ☑ 75. Light Fixtures Shielded/Shatter Proof
- ☑ 76. Potentially Hazardous Substances Locked
- ☑ 77. Garbage/Rubbish Disposed Daily
- ☑ 78. Stairs Protected/Good Repair/Handrails
- ☑ 79. Pets: Maintained/Care Plan (Y/N)
- ☑ 80. Operable CO Detector on Each Level (Y/N)
- ☑ 81. Program Space/Adequate Sq. Ft. Per Child
- ☑ 84. Developmentally Appropriate Equipment/Materials
- ☑ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- ☑ 86. No Weapons/No Facsimile of a Firearm on Premise

**Outdoor Space**

- ☑ 87. Outdoor Space Adequate Sq. Ft. Per Child
- ☑ 88. Impact Absorbing Material under Equipment
- ☑ 89. Playground Free of Hazards
- ☑ 92. Equipment Anchored/Safely Arranged
- ☑ 93. Outdoor Playground Protected
- ☑ 94. Drinking Water Available/Accessible

**Educational Requirements 19a-79-8a**

- ☑ 95. Written Plan for Daily Program Available to Parents/Staff
- ☑ 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

**Administration of Medications 19a-79-9a**

- ☑ 97. Written Policies/Procedures
- ☑ 98. Training Outline on file

**Nonprescription Topical Medications**

- ☑ 99. Administration/Parent Permission/MAR
- ☑ 100. Labeling/Storage

**Oral/Topical/Inhalant/Injectable Medications**

- ☑ 101. Med Trained Staff/Certificates
- ☑ 102. Authorized Prescriber/Parent Permission/MAR
- ☑ 103. Labeling/Storage
- ☑ 104. Unused/Expired Meds Returned/Disposed

**Self-Administration**

- ☑ 105. Authorized Prescriber/Parent Permission/MAR
- ☑ 106. Labeling/Storage

- ☑ 107. Approved Petition For Special Med Authorization

**School Age Children Endorsement 19a-79-11**

- ☑ 143. Approved Endorsement
- ☑ 144. Activity choices appropriate
- ☑ 145. Ratio: 1 Staff to 10 Children
- ☑ 146. Group Size: Max. 20 Children
- ☑ 147. Education Consultant Appropriate

**Monitoring of Diabetes 19a-79-13** n/a

- ☑ 154. Written Policies/Procedures
- ☑ 155. On Site Staff Trained in First Aid/Glucose Testing
- ☑ 156. Training Current/Documented
- ☑ 157. Supervision of Self Administration
- ☑ 158. Equipment/Supplies: Labeled/Inaccessible
- ☑ 159. Signed Agreement w/Parent Regarding Equipment
- ☑ 160. Materials Discarded Appropriately
- ☑ 161. Authorized Prescriber/Parent Permission
- ☑ 162. Documentation of Test Results/Actions Taken
- ☑ 163. Daily Written Parent Notifications

| Signature of OEC Representative | Written Corrective Action Plan Due to OEC by: | Signature of Person in Charge |
|---|---|---|
| Jaime Foan | 3/29/23 | Nicole Parker |
| Print Name: Jaime FOAN | | Print Name: Nicole Parker |

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: SONCCA Center School License # 70582 Date: 3/15/23

Observations/Corrections needed:

Discussed playground snowcovered and inspector unable to determine if woodchips are 8inches. Program is aware that they must maintain compliance at all times. Dental Agreement expired 3/14/23.

(17) No documentation of Staff professional development
(76) Chemicals unlocked 4 clorox wipes, janitor Mop/water.

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: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/29/23

Signature: Nicole Parker (Person in Charge)

Print Name: Nicole Parker