

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>Soncca-Seymour Middle School</u>	License Number: <u>15755</u>	Date of Inspection: <u>7/17/23</u> Time of Arrival: <u>8:00</u>
Address: <u>211 Mountain Rd.</u>	Expiration Date: <u>7/31/26</u>	Licensed Capacity: <u>100</u>
Town: <u>Seymour, CT 06483</u>	Telephone: <u>X1253</u> <u>203-988-4513</u>	# of children present: <u>29</u> # of staff present: <u>9(1)</u>
Operator: <u>Seymour - Oxford Nursery + CC Association</u>	Director: <u>Kelsey Arsenaux</u>	Head Teacher: <u>Tracy Dunn</u>
Email: <u>Soncca@yahoo.com</u>	Summer Care: <u>Open</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time
Hours of Operation: <u>M-F 7:00am - 4:00pm</u>		
Ages Served: <u>5-12 y.o.</u>		

**Licensure Procedures 19a-79-2a**

1. Local Health Inspection Date: 6/27/23

**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/Staff

**Items Posted: Conspicuous/Accessible**

8. License  
 9. Current Fire Marshal Certificate Date: 6/15/23  
 10. OEC Complaint Procedure  
 11. Food Service Certificate Date: exp. 12/31/23  
 12. Menus  
 13. Emergency Plans  
 14. No Smoking Signs  
 15. Radon Test (Y/N) Date: \_\_\_\_\_ 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>

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]  
Print Name: Jenish Morgan

Written Corrective Action Plan

Due to OEC by:  
7/26/23

Signature of Person in Charge:

[Signature]  
Print Name: Tracy Dunn

SCHOOL AGE ONLY INSPECTION FORM

<p><b>Program Name:</b> Soncca - Seymour middle school</p>	<p><b>License Number:</b> 15755</p>	<p><b>Date of Inspection:</b> 7/22/23</p>
<p><b>Physical Plant continued:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 73. Emergency Numbers Posted</li> <li><input checked="" type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof</li> <li><input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked</li> <li><input checked="" type="checkbox"/> 77. Garbage/Rubbish Disposed Daily</li> <li><input checked="" type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails</li> <li><input checked="" type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N)</li> <li><input type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N)</li> <li><input checked="" type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials</li> <li><input checked="" type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)</li> <li><input checked="" type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise</li> </ul> <p><b>Outdoor Space</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child</li> <li><input checked="" type="checkbox"/> 88. Impact Absorbing Material under Equipment</li> <li><input checked="" type="checkbox"/> 89. Playground Free of Hazards</li> <li><input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged</li> <li><input checked="" type="checkbox"/> 93. Outdoor Playground Protected</li> <li><input checked="" type="checkbox"/> 94. Drinking Water Available/Accessible</li> </ul> <p><b>Educational Requirements 19a-79-8a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff</li> <li><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</li> </ul> <p><b>Administration of Medications 19a-79-9a</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 97. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 98. Training Outline on file</li> </ul> <p><b>Nonprescription Topical Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 99. Administration/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 100. Labeling/Storage</li> </ul> <p><b>Oral/Topical/Inhalant/Injectable Medications</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates</li> <li><input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR</li> <li><input type="checkbox"/> 103. Labeling/Storage</li> <li><input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed</li> </ul> <p><b>Self-Administration</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR</li> <li><input checked="" type="checkbox"/> 106. Labeling/Storage</li> <li><input checked="" type="checkbox"/> 107. Approved Petition For Special Med Authorization</li> </ul>	<p><b>School Age Children Endorsement 19a-79-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 143. Approved Endorsement</li> <li><input checked="" type="checkbox"/> 144. Activity choices appropriate</li> <li><input checked="" type="checkbox"/> 145. Ratio: 1 Staff to 10 Children</li> <li><input checked="" type="checkbox"/> 146. Group Size: Max. 20 Children</li> <li><input checked="" type="checkbox"/> 147. Education Consultant Appropriate</li> </ul> <p><b>Monitoring of Diabetes 19a-79-13</b> <i>no child enrolled</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 154. Written Policies/Procedures</li> <li><input checked="" type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing</li> <li><input checked="" type="checkbox"/> 156. Training Current/Documented</li> <li><input checked="" type="checkbox"/> 157. Supervision of Self Administration</li> <li><input checked="" type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible</li> <li><input checked="" type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment</li> <li><input checked="" type="checkbox"/> 160. Materials Discarded Appropriately</li> <li><input checked="" type="checkbox"/> 161. Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 162. Documentation of Test Results/Actions Taken</li> <li><input checked="" type="checkbox"/> 163. Daily Written Parent Notifications</li> </ul>	
<p><b>Signature of OEC Representative</b> <i>Kuon</i></p>	<p><b>Written Corrective Action Plan Due to OEC by:</b> 7/24/23</p>	<p><b>Signature of Person in Charge</b> <i>Tracy Dunn</i></p>

Print Name: Kevin Morgan

Print Name: Tracy Dunn

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Soroca - Seymour Middle School License # 15755 Date: 7/12/23

Observations/Corrections needed:

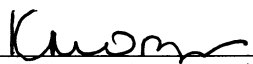
- 4 - documentation that the discipline policy has been discussed with parent not observed.
- 17 - Completed professional development not observed for 2 staff.
- 38 - observed 5 individual care plans not signed by staff; 4 not signed by parent; 2 not on site.
- 80 - Co detector not observed.
- 102 - 1 medication authorization form missing; 1 not signed by doctor; 1 not signed by parent + parent section blank.
- 103 - observed 1 unlabeled benadryl; 1 medication on site without prescription label or original container; 1 medication on site without prescription label.
- 104 - observed 1 expired medication.

Discussed:

- 1 staff TB test results not observed.
- Dental consultant agreement / log not current.

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: Kristin Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:   
(Person in Charge)  
Print Name: 

OEC BY: 7/26/23