

CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM

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

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|----------------------|-----------------------------|---------------------|--------------|---------------------|----------------------------|
| Program Name: | Suncatchers | Date of Inspection: | 7:07am | Time of Arrival: | 3/27/25 |
| Address: | 181 Ledge Hill Rd | License Number: | 15343 | Expiration Date: | 11/30/25 |
| Town: | Guilford 06437 | Telephone Number: | 203-457-1833 | Summer Care: | closed |
| Operator: | Suncatchers LLC | # of Staff Present: | 3 | # children Present: | 3 |
| Email: | suncatchersllca@comcast.net | Ages Served: | 5yrs-12yrs | Total Capacity: | 100 |
| Designated Director: | Kaitlin Pazera | Days of Operation: | M-F | Hours of Operation: | 7:00-9:00am 3:30-6:00pm |

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

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 10/25/24

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. 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. ACCESS
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. 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
 - 7a(e)(17) Radon test posted (Schls-N/A)

STAFFING and CONSULTANTS 19a-79-4a

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance -with bknd cks/history
- 23. (d) Adequate staffing
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 28. (d)(4)(D) Supervision-Indoors/Outdoors
- 29. (d)(5)(A) Group Size-school age field trips/outdoors
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff

- PROFESSIONAL DEVELOPMENT
- (a)(2) Documentation
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours

- SWIMMING ACTIVITIES - Y/N
- (4)(C)(ii-v) Swimming-Ratios
 - (4)(C)(i) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising

- CONSULTANTS
- (i)(1)(A-D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health

| | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education | ✓ | ✓ | ✓ |
| Health | ✓ | ✓ | ✓ |
| Soc. Serv. | ✓ | ✓ | ✓ |
| Dietitian | ✓ | ✓ | ✓ |



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|--------------|-------------|----------------|-------|--------------------|---------|
| PROGRAM NAME | Suncatchers | LICENSE NUMBER | 15343 | DATE OF INSPECTION | 3/27/25 |
|--------------|-------------|----------------|-------|--------------------|---------|

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| RECORD KEEPING 19a-79-5a | PHYSICAL PLANT 19a-79-7a cont. |
|--------------------------|--------------------------------|

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| <input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(i) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Transportation permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Child Health Records <input checked="" type="checkbox"/> 39. (a)(2)(C) Immunization records <input checked="" type="checkbox"/> 40. (a)(2)(E) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 41. (a)(3)(A) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 42. (a)(3)(B) Parent notification of illness or injury <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify DPH, local health-reportable diseases <input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days | <input checked="" type="checkbox"/> 79. (d)(8) <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> 82. (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(D) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) <input checked="" type="checkbox"/> (d)(11) <input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. (e)(1) <input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(4) <input checked="" type="checkbox"/> (e)(6) | SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible TOILETING Shared toilets/sinks-supervision plan Toileting needs met Required toilets/sinks-1:25 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94)(Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE Air temp < 65°F comfortable Air temp > 80 °F - ↑ fluids/ventilation Portable space heaters prohibited Hot water/Steam pipes protected TELEPHONE/NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Radon test- Results: _____ (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Developmentally app equipment, materials 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 OUTDOOR SPACE 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 OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards 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) |
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HEALTH and SAFETY 19a-79-6a

| | | |
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| <input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A) <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection _____ (N/A) <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A) <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> (c) FIRST AID SUPPLIES -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"/> (d) FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A) | <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 94. <input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 107. <input checked="" type="checkbox"/> 108. <input checked="" type="checkbox"/> 109. <input checked="" type="checkbox"/> 110. <input checked="" type="checkbox"/> 111. (j) <input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(3) <input checked="" type="checkbox"/> (h)(4) <input checked="" type="checkbox"/> (h)(5) <input checked="" type="checkbox"/> (h)(6) <input checked="" type="checkbox"/> (h)(8) <input checked="" type="checkbox"/> (h)(9) <input checked="" type="checkbox"/> (h)(7) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C) | (e)(7) (e)(7) (e)(7) (e)(8) (e)(9) (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(4) (g)(5) (g)(6) |
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PHYSICAL PLANT 19a-79-7a

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| <input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 3/26/24 <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(A) Lead Water Test - Date: _____ <input checked="" type="checkbox"/> (c)(5)(B) Bact./Chem Test-Date: _____ (N/A) <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input checked="" type="checkbox"/> 70. LEAD PAINT <input checked="" type="checkbox"/> (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N Results no lead identified (removed) <input checked="" type="checkbox"/> (c)(6)(A) Lead Management Plan _____ <input checked="" type="checkbox"/> (c)(6)(B-D) Peeling Paint - Y/N Inside/Outside <input checked="" type="checkbox"/> 71. (c)(6)(B-D) Emergency vehicle access <input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained <input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls <input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locks/spring protectors (N/A) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed | <input checked="" type="checkbox"/> 112. <input checked="" type="checkbox"/> 114. | (g)(6) |
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

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|------------------------------------|--------------------------------|--------------------------------------|
| PROGRAM NAME Suncatchers | LICENSE NUMBER 15343 | DATE OF INSPECTION 3/27/25 |
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| SCHOOL AGE ENDORSEMENT 19a-79-11 | MONITORING OF DIABETES 19a-79-13 (Y)N |
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| <input checked="" type="checkbox"/> 140. | (b) | Approved Schl Age Endorsement SCHEDULE - ACTIVITIES |
| <input checked="" type="checkbox"/> 141. | <input checked="" type="checkbox"/> (c) | Written daily program plan-flexible schedule-available to staff/parents |
| | <input checked="" type="checkbox"/> (c)(1) | Activities not a duplication of child's day |
| | <input checked="" type="checkbox"/> (c)(2) | Activities include cognitive, physical, social, emotional needs of the children |
| | <input checked="" type="checkbox"/> (c)(3) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| <input checked="" type="checkbox"/> 143. | (d) | Ratio- 1:15 |
| <input checked="" type="checkbox"/> 144. | (e) | Group size- max. 30 |
| <input checked="" type="checkbox"/> 145. | (f) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent |
| <input checked="" type="checkbox"/> 146. | (g) | Designated Head teacher approved- 60% |

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| <input checked="" type="checkbox"/> 171. | (a)(1) | Written policies and procedures STAFF TRAINING 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"/> 172. | <input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii) | |
| | <input checked="" type="checkbox"/> (b)(2) | |
| | <input checked="" type="checkbox"/> (b)(3) | |
| | <input checked="" type="checkbox"/> (c)(2) | |
| | (c)(3) | |
| <input checked="" type="checkbox"/> 173. | | |
| <input checked="" type="checkbox"/> 174. | (d)(1) | |
| <input checked="" type="checkbox"/> 175. | (d)(2) | |
| <input checked="" type="checkbox"/> 176. | (d)(3) | |
| <input checked="" type="checkbox"/> 177. | (e)(1) | |
| <input checked="" type="checkbox"/> 178. | (e)(2) | |
| <input checked="" type="checkbox"/> 179. | (e)(3) | |

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

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| <input checked="" type="checkbox"/> 157. | (9a) | Written medication policies/procedures |
| <input checked="" type="checkbox"/> 158. | (9a) | Permit enrollment of children with asthma, allergies, diabetes |
| <input checked="" type="checkbox"/> 159. | | NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors |
| | <input checked="" type="checkbox"/> (a)(2) | Labeling and Storage |
| | <input checked="" type="checkbox"/> (a)(3)(A-B) | Unused/expired meds destroyed/returned |
| | <input checked="" type="checkbox"/> (a)(3)(C) | MEDICATION TRAINING |
| <input checked="" type="checkbox"/> 160. | <input checked="" type="checkbox"/> (b)(1)(A/C) | Medication training-general-oral/top/inhalant |
| | <input checked="" type="checkbox"/> (b)(1)(D) | Injectable premeasured autoinjector medication |
| | <input checked="" type="checkbox"/> (b)(1)(E) | Rectal medication |
| | <input checked="" type="checkbox"/> (b)(1)(F) | Injectable other than premeasured auto-injector |
| | <input checked="" type="checkbox"/> (b)(2)(A-B) | Training approval documents/certificates |
| | <input checked="" type="checkbox"/> (b)(2)(C) | Training outline on file |
| <input checked="" 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 checked="" type="checkbox"/> 170. | (d) | Potassium Iodide (KI) emergency distribution-permission and storage (N/A) |

ADDITIONAL VIOLATION

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|--|-----------|-----------|---|
| <input checked="" type="checkbox"/> 180. | NO | NO | Consent Order/Negotiated Corrective Action Plan conditions (N/A) |
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DISCUSSIONS/COMMENTS

1) new Regulations
 2) policies must be updated to reflect new regulations dated October 2024. Policy Review checklist provided.
 3) All Staff must complete health + safety training by 4/1/25. All new hires must complete within 3 months of hire
 4) all items checked off were either observed or discussed.
 5) oversight policy must be posted.
 6) multi hazard drills to be practiced annually

| | |
|------------------------|--------------------|
| Signature of OEC staff | <i>Ri Montanye</i> |
| Printed Name | Ri Montanye |

| | |
|-------------------------------|------------------------|
| Signature of person in charge | <i>Christine Perry</i> |
| Printed Name | Christine Perry |

OEC DIVISION OF LICENSING
 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov

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| Inspection shall be posted or available for review upon request. |
| Written Corrective Action Plan Due by: 4/10/25 |
| CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/ |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Suncatchers License # 15343 Date: 3/27/25

Observations/Corrections needed:

Program not in compliance with:

35 ^{(1)(c) (2)(A-H)} Consultant agreements required services when all required consultant agreements did not have updated services based on new regulations dated October 2024

40 individual care plans when 1 care plan for child with emergency medication not signed by parent

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: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 4/10/25

Print Name: Christine Perry