

**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

Program Name:	Soncca - Bungay	Date of Inspection:	4/3/25	Time of Arrival:	3:00
Address:	35 Bungay Rd.	License Number:	14513	Expiration Date:	9/30/25
Town:	Seymour, CT 06483	Telephone Number:	203-888-1655	Summer Care:	Closed
Operator:	Soncca Inc.	# of Staff Present:	3 <del>7</del> <sup>2</sup>	# children Present:	30
Email:	Soncca@yahoo.com	Ages Served:	5-12y.o.	Total Capacity:	60
Designated Director:	Kelsey Arbenavit	Days of Operation:	M-F	Hours of Operation:	7-9 + 3-3

Instruction Codes:  - Regulation in Compliance  - Regulation not in Compliance  - Not applicable to this type

**LICENSURE PROCEDURES 19a-79-2a**

1. (c)(8) Local Health Inspection-Date: 11/2/23

**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. (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) 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

33. **PROFESSIONAL DEVELOPMENT**  
 Documentation  
 Health & Safety training  
 1% annual hours

34. **SWIMMING ACTIVITIES - Y/N**  
 Swimming-Ratios  
 Non-swimmers identified  
 CPR certified staff-age 20 or older  
 Lifeguard-certified-supervising

35. **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	00	✓	✓
Health	00	✓	✓
Soc. Serv.	00	✓	✓
Dietitian	-	-	█

PROGRAM NAME: Soncca Bngay LICENSE NUMBER: 14513 INSPECTION DATE: 4/3/25

**RECORD KEEPING 19a-79-5a**

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<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)	<u>PARENT PERMISSIONS</u> Emergency medical permission Authorized release permission Field trip permission 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

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

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (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)	<b>TOILETING</b> 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)(Cap. Homeos-N/A) Staff personal articles inaccessible
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b> Air temp < 65°F comfortable
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 86.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/NUMBERS</b> Working phone on each level
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(8)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 96.	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/> 97.	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 98.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 99.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 101.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 102.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 103.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 104.	(e)(17)	Radon test- Results: _____ (Schls-N/A)
<input checked="" type="checkbox"/> 107.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 108.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 109.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 110.	(g)(4)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 111.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 112.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 114.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 114.	<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)	<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 playg. Inspection upon request Drinking water available/accessibile Equipment arranged for safety- equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C)	<b>OUTDOOR PROTECTED/FENCED</b> 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)
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	<b>WATER HAZARDS</b> Pools, swimming areas-conforms to DPH (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

<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.	<input checked="" type="checkbox"/> (c)  <input type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

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

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>8/14/24</u>
<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.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<u>WATER SUPPLY</u> - Public/Well (Schools-N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessibile
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	<u>LEAD PAINT</u> - Building Pre-78: Y/Ⓢ Lead Test: Y/Ⓢ Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y/Ⓢ Inside/Outside
<input checked="" type="checkbox"/> 72.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/> 73.	(d)(3)	Walkways maintained
<input checked="" type="checkbox"/> 76.	(d)(5)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A) Exits, stairs, hallways unobstructed

<b>PROGRAM NAME</b> Soncca Bungay	<b>LICENSE NUMBER</b> 14513	<b>BATTERY INSPECTION</b> 4/5/25
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	<b>MONITORING OF DIABETES 19a-79-13 Y/N</b>
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<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	<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
<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%

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.	(b)(1)(A)	<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
<input checked="" type="checkbox"/>	173.	(b)(1)(B)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	174.	(i)-(iii)	Equipment provided by parents
<input checked="" type="checkbox"/>	175.	(b)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	176.	(b)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	177.	(c)(2)	Authorized prescriber written order
<input checked="" type="checkbox"/>	178.	(c)(3)	Written authorization from parent
<input checked="" type="checkbox"/>	179.	(d)(1)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	179.	(d)(2)	
<input checked="" type="checkbox"/>	179.	(d)(3)	

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

<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.	(a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors
<input checked="" type="checkbox"/>	160.	(a)(3)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>	160.	(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	161.	(b)(1)(A/C)	<b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant
<input checked="" type="checkbox"/>	162.	(b)(1)(D)	Injectable premeasured autoinjector medication
<input checked="" type="checkbox"/>	162.	(b)(1)(E)	Rectal medication
<input checked="" type="checkbox"/>	162.	(b)(1)(F)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/>	162.	(b)(2)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/>	162.	(b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/>	163.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/>	164.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/>	165.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/>	166.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>	167.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/>	168.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/>	169.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/>	170.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/>	170.	(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**

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions n/a (N/A)
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**DISCUSSIONS/COMMENTS**

- policies to be updated/created to reflect new regulations adopted 10/2025.

- 1 child file missing parent work address.

<b>Signature of OEC staff</b> <i>Kristi Morgan</i>	<b>Signature of parent in charge</b> <i>Lee Kopee</i>
<b>Printed Name</b> Kristi Morgan	<b>Printed Name</b> Lee Kopee

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](http://www.ctoec.org/licensing) Email: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

Inspection shall be posted or available to the public	<b>Written Corrective Action Plan</b> Due by: 4/17/25
<b>CAP:</b> <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: Soncca Bungay License # 14513 Date: 4/3/25

Observations/Corrections needed:

- 18 - administrative oversight policy not posted.
- 33 - no documentation for the completion of the online health + safety orientation training for 2 staff.
- 35 - (i) - (i)(2)(A-H) - Consultant agreements missing newly required duties.
- 40 - 1 individual care plan not signed by parent; 1 not observed.
- 59 - 1st Aid kit missing CPR barrier, working thermometer, + 1 cold pack.
- 141 - 1 medication administration form missing parent contact information + signature.
- 144 - Observed 1 expired medication.


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: Keri Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:   
(Person in Charge)

OEC BY: 4/17/25

Print Name: Lee Kopec