

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 Great Oak School (center)	Date of Inspection:	4.2.25	Time of Arrival:	3:15 pm
Address:	50 Great Oak Rd.	License Number:	70582	Expiration Date:	10/31/28
Town:	Oxford 06478	Telephone Number:	203-893-5250	Summer Care:	closed
Operator:	Seymour-Oxford Nursery & Child Care ASS.	# of Staff Present:	4	# children Present:	24
Email:	soncca@yahoo.com	Ages Served:	5-12 years	Total Capacity:	60
Designated Director:	Kelsey Arsenault	Days of Operation:	M-F	Hours of Operation:	M-F 3-6 7-9 am pm

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

☐ 1.	(c)(8)	Local Health Inspection-Date: 1/18/23
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.		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)

☒ 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
	☒ (a)(2)	Documentation
	☒ (h)(1)	Health & Safety training
	☒ (h)(2)	1% annual hours
☒ 34.		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
☐ 35.		CONSULTANTS ★
	☒ (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	☐ (i) -	Consultant agreements-signed annually-
	☒ (i)(2)(A-H)	agreements complete w/required services
	☒ (F)	Consultant logs-documented activities, observations and required services
	☒ (i)(2)	Consultant visits- Education/Health
	(H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	n/a	n/a	

CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM – page 2

PROGRAM NAME		LICENSE NUMBER		DATE OF INSPECTION	
SONCCA Great Oak School		70582		4.2.25	
RECORD KEEPING 19a-79-5a			PHYSICAL PLANT 19a-79-7a cont.		
☒ 36. (a)(1)(A-C) ☒ 37. (a)(1)(D)(i) ☒ (a)(1)(D)(ii) ☒ (a)(1)(D)(iii) ☒ (a)(1)(D)(iv) ☒ 38. (a)(2)(A-B) ☒ 39. (a)(2)(C) ☒ 40. (a)(2)(E) ☒ 41. (a)(3)(A) ☒ 42. (a)(3)(B) ☒ 43. (a)(3)(C)(i-ii) ☒ 44. (a)(3)(D) ☒ 45. (a)(4)	Children's Enrollment information <u>PARENT PERMISSIONS</u> Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	☒ 79. (d)(8) ☒ (d)(8) ☒ 82. (d)(10)(A) ☒ (d)(10)(B) ☒ (d)(10)(D) ☒ (d)(10)(E) ☒ (d)(10)(E) ☒ (d)(10)(F) ☒ (d)(10)(G) ☒ (d)(10)(H) ☒ (d)(11) ☒ 83. (e)(1) ☒ 84. (e)(2) ☒ 86. (e)(4) ☒ 90. (e)(6) ☒ 91. (e)(7) ☒ (e)(7) ☒ (e)(7) ☒ 94. (e)(8) ☒ (e)(9) ☒ (e)(9) ☒ 95. (e)(10) ☒ 96. (e)(11) ☒ 97. (e)(12) ☒ 98. (e)(13) ☒ 99. (e)(14-15) ☒ 101. (e)(17) ☒ 102. (e)(18) ☒ 103. (f)(1)(A) ☒ 104. (g)(1) ☒ 107. (g)(4) ☒ 108. (g)(5) ☒ 109. (g)(6) ☒ 110. (j) ☒ 111. (h)(1) ☒ (h)(2) ☒ (h)(3) ☒ (h)(4) ☒ (h)(5) ☒ (h)(6) ☒ (h)(8) ☒ (h)(9) ☒ 112. (h)(7) ☒ (h)(7)(B) ☒ (h)(7)(C) ☒ 114. (i) ☒ (i) ☒ (i)	<u>SMOKING</u> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible <u>TOILETING</u> 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 <u>AIR TEMPERATURE</u> Air temp < 65°F comfortable Air temp > 80 °F - ↑ fluids/ventilation Portable space heaters prohibited Hot water/Steam pipes protected <u>TELEPHONE/NUMBERS</u> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <u>LIGHTING</u> 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 <u>OUTDOOR SPACE</u> 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/accessible Equipment arranged for safety-equip/fences/structures not hazardous <u>OUTDOOR PROTECTED/FENCED</u> 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) <u>WATER HAZARDS</u> 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					
☒ 46. (a)(1) ☒ 47. (a)(2) ☒ 48. (a)(3) ☒ 49. (a)(4) ☒ 50. (a)(5) ☒ 51. (a)(6) ☒ 52. (a)(7) ☒ 53. (a)(8) ☒ 55. (a)(10) ☒ 56. (a)(11) ☒ 57. (b)(1) ☒ 58. (b)(2) ☒ 59. (c) ☒ (c) ☒ (d)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection (N/A) Kitchen-clean/safe storage of food/supplies (N/A) Separate hand washing facilities Multi-use eating/drinking utensils Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <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					
☒ 62. (a)(2) ☒ 63. (b) ☒ 64. (b)(1)-(5) ☒ 65. (b)(6) ☒ 67. (c)(3) ☒ 68. (c)(4) ☒ 69. (c)(5)(A) ☒ (c)(5)(B) ☒ (c)(5)(C) ☒ 70. (c)(6)(A) ☒ (c)(6)(B-D) ☒ 72. (d)(2) ☒ 73. (d)(3) ☒ 76. (d)(5) ☒ 77. (d)(6), (f)(3)	Fire marshal codes/certificate 712 24 Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Building/Equipment/Furnishings-sanitary, hazard free Testing of premises/grounds for chemicals <u>WATER SUPPLY</u> - Public/Well (School-N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible <u>LEAD PAINT</u> - Building Pre-78: Y/N Lead Test Y/N Results no lead identified Lead Management Plan n/a Peeling Paint - Y/N Inside/Outside Emergency vehicle access Walkways maintained Windows protected to prevent falls Overhead doors-locks/spring protectors (N/A) Exits, stairs, hallways unobstructed				

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME		SONCCA Great Oak School		LICENSE NUMBER	70582	DATE OF INSPECTION	4.2.25		
SCHOOL AGE ENDORSEMENT 19a-79-11				MONITORING OF DIABETES 19a-79-13 Y/N ☒					
☒ 140.	(b)	Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u>	☐ 171.	(a)(1)	Written policies and procedures				
☒ 141.	☒ (c)	Written daily program plan-flexible schedule- available to staff/parents	☐ 172.	☐ (b)(1)(A)	<u>STAFF TRAINING</u>				
	☒ (c)(1)	Activities not a duplication of child's day		☐ (b)(1)(B)	Staff training – first aid				
	☒ (c)(2)	Activities include cognitive, physical, social, emotional needs of the children		(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions				
	☒ (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events		☐ (b)(2)	Training updated at least every 3 years				
☒ 143.	(d)	Ratio- 1:15	☐ 173.	☐ (b)(3)	Written documentation of training				
☒ 144.	(e)	Group size- max. 30		☐ (c)(2)	Trained staff on site when child is present				
☒ 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent		(c)(3)	Self-administration - written authorization and under supervision of trained staff				
☒ 146.	(g)	Designated Head teacher approved- 60%	☐ 174.	(d)(1)	Equipment provided by parents				
			☐ 175.	(d)(2)	Equipment labeled and inaccessible				
			☐ 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded				
			☐ 177.	(e)(1)	Authorized prescriber written order				
			☐ 178.	(e)(2)	Written authorization from parent				
			☐ 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily				
ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N									
☒ 157.	(9a)	Written medication policies/procedures							
☒ 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes							
☒ 159.		<u>NONPRESC. TOPICAL MEDICATION</u>							
	☒ (a)(2)	Admin/Parent permission/report errors							
	☒ (a)(3)(A-B)	Labeling and Storage							
	☒ (a)(3)(C)	Unused/expired meds destroyed/returned							
☒ 160.		<u>MEDICATION TRAINING</u>							
	☒ (b)(1)(A/C)	Medication training-general-oral/top/inhalant							
	☒ (b)(1)(D)	Injectable premeasured autoinjector medication							
	☒ (b)(1)(E)	Rectal medication							
	☒ (b)(1)(F)	Injectable other than premeasured auto-injector							
	☒ (b)(2)(A-B)	Training approval documents/certificates							
	☒ (b)(2)(C)	Training outline on file							
☐ 161.	(b)(3)(A-B)	Authorized prescriber/parent permission							
☒ 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification							
☒ 163.	(b)(4)(A-B)	Medication Administration Records (MAR)							
☒ 164.	(b)(5)(A-B)	Labeling and Storage							
☒ 165.	(b)(5)(C)	Emergency medication inaccessible							
☐ 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned							
☒ 167.	(b)(5)(E)	Auto-injector/inhalant equipment							
☒ 168.	(b)(6)	Self-administration documentation							
☒ 169.	(b)(7)(A-B)	Petition for special medication authorization							
☒ 170.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage (N/A)							
ADDITIONAL VIOLATION									
☒ 180.	-	n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)						
DISCUSSIONS/COMMENTS									
Signature of OEC staff		Betty mayer			Signature of person in charge		Nicole Parker		
Printed Name		Betty Mayer			Printed Name		Nicole Parker		
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				Inspection shall be posted or available for review upon request.					
				Written Corrective Action Plan Due by: 4/16/25		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/			

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: SONCCA Great Oak School License # 70582 Date: 4.2.25

Observations/Corrections needed:

Program not in compliance when...#1 local health inspection expired.#21 Background check expired for one staff. Two staff with background check not observed.#35(i)(2)(A-H) Health, education and social service consultant contracts missing all required services.#161 one medication authorization for child with albuterol missing parent signature.#166 observed one expired epipen on site.Discussed: send change form and affidavit for name change.

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: Betty Mayer

(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Nicole Parker

(Person in Charge)

OEC BY: 4/16/25Print Name: Nicole Parker