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: Region 15 BAS - Pomperaug	License Number: 14134 ~~14052~~ (KW)	Date of Inspection: 9/6/22 Time of Arrival: 3:30
Address: 607 Main St. S	Expiration Date: 4/30/24	Licensed Capacity: (KW) ~~83~~ 67
Town: Southbury, CT 06488	Telephone: 203-262-8160	# of children present: 29 # of staff present: 4
Operator: NEST DayCare + Learning Ctr.	Director: Leslie Mastrianna	
Email: leslie.srg89@gmail.com	Head Teacher: Charles Sanzone	
Hours of Operation: M-F 7:00am - 9:00am & 3:30pm - 6:00pm	Summer Care: Closed.	
Ages Served: 5-11 y.o.	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: 4/30/22

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: 10/5/21
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date: —
- ☑ 12. Menus
- ☑ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- N/A ☐ 15. Radon Test (Y/N) Date:_____ Results:_____

Staffing 19a-79-4a

- ☐ 16. Staff Health Records/TB Tests
- ☑ 17. Professional Development
- ☑ 18. Disciplinary Actions
- ☐ 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	O	✓
Health	✓	✓
Social Service	✓	✓
Dental	O	O
Dietitian	—	—

- ☑ 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~~
- N/A ☐ 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:	Written Corrective Action Plan Due to OEC by: 9/20/22	Signature of Person in Charge:

Print name: Kristi Morgan

Print name: Kiah Devereaux

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Program Name:	License Number:	Date of Inspection:
Region 15 BAS - Pomperaug	14134	9/6/22

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

Emergency Distribution of Potassium Iodide

- ☐ 108. KI Pill Parent Permission/Storage

N/A

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 no Child enrolled.

- ☑ 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
Kmorgan	9/20/22	Kiah devereaux

Print Name: Kristi Morgan

Print Name: Kiah Devereaux

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Region 15 BAS - Pomperaug License # 14134 Date: 9/16/22

Observations/Corrections needed:

16- 1 staff physical + negative TB results not observed.

19- designated head Teacher not signing in + out - unable to determine if 60% of operating hours are covered.

26- Education + dental consultant agreements not current.

32- 1 child's enrollment information not observed; enrollment dates not observed for 2 children.

37- 2 children's physicals not observed.

42- observed kitchen door open throughout visit.

~~102- observed 2 medication authorization forms incomplete due to being on a public school form.~~ OK KW

38- Observed 3 individual Care plans not Signed by Staff

19a-79-3a(a) - program failed to ensure the health + safety of the children when 2 or more staff began working prior to receiving a Completed background check.

discussed:

- dental log not current
- postal license not current
- 1 child's file missing emergency permission.
- large fan on floor poses hazard.

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: KW
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/20/22

Signature: Kiah Devereaux
(Person in Charge)