CONNECTICUT

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING

CONNECTICUT Early Childhood

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:	Reg 15 BAS Pomperaug	Date of Inspection:	5/15/25	Time of Arrival:	3:45
Address:	407 main st. S	License Number:	14134	Expiration Date:	4/30/26
Town:	Southbury	Telephone Number:	(203)910-8730	Summer Care:	closed
Operator:	Nest Day Care	# of Staff Present:	3	# children Present:	28
Email:	leslie.srq89@gmail.com	Ages Served:	6 to 11	Total Capacity:	47
Designated Director:	Leslie Mastrianna	Days of Operation:	M-F	Hours of Operation:	7-9:00 3:15-6:00

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: _____

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
☑ 33.	✓ JF okay	
	☑ (a)(2)	PROFESSIONAL DEVELOPMENT
✓	☑ (h)(1)	Documentation
	☑ (h)(2)	Health & Safety training
		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) – (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
	☑ (F)	Consultant logs–documented activities, observations and required services
	☑ (i)(2) (H)(i)-(I)(i)	Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	X	√	—
Health	X	√	√
Soc. Serv.	X	√	
Dietitian	n/a	—	

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

PROGRAM NAME: Reg 15 BAS Pomperaug | LICENSE NUMBER: 14134 | DATE OF INSPECTION: 5/15/25

RECORD KEEPING 19a-79-5a

☑ 36.	(a)(1)(A-C)		Children's Enrollment information
☑ 37.			PARENT PERMISSIONS
		☑ (a)(1)(D)(i)	Emergency medical permission
		☐ (a)(1)(D)(ii)	Authorized release permission
		☐ (a)(1)(D)(iii)	Field trip permission
		☐ (a)(1)(D)(iv)	Transportation permission
☑ 38.	(a)(2)(A-B)		Child Health Records
☑ 39.	(a)(2)(C)		Immunization records
☐ 40.	(a)(2)(E)		Individual care plan-signed by parents/staff
☑ 41.	(a)(3)(A)		Injury, Illness, Incident, Accident reports
☑ 42.	(a)(3)(B)		Parent notification of illness or injury
☑ 43.	(a)(3)(C)(i-ii)		Notify OEC of serious injuries, fatality
☑ 44.	(a)(3)(D)		Notify DPH, local health-reportable diseases
☐ 45.	(a)(4)		Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

☑ 46.	(a)(1)		Preparation, transportation of food-follow DPH Model Food Code (N/A)
☑ 47.	(a)(2)		Nutritious meals and snacks
☑ 48.	(a)(3)		Proper refrigeration–41 degrees
☑ 49.	(a)(4)		Menus–1 wk in advance- keep 3 mths
☑ 50.	(a)(5)		Food Service Inspection _____ (N/A)
☑ 51.	(a)(6)		Kitchen-clean/safe storage of food/supplies (N/A)
☑ 52.	(a)(7)		Separate hand washing facilities
☑ 53.	(a)(8)		Multi-use eating/drinking utensils
☑ 55.	(a)(10)		Children supervised during meal prep
☑ 56.	(a)(11)		Handwashing–staff/children
☑ 57.	(b)(1)		Illness procedures–staff knowledgeable, children observed for signs/symptoms
☑ 58.	(b)(2)		Designated isolation area
☑ 59.	☑ (c)		FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	☑ (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
	☑ (d)		FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

☑ 62.	(a)(2)		Fire marshal codes/certificate 9/17/24
☑ 63.	(b)		Indoor/Outdoor space inspected/approved
☑ 64.	(b)(1)-(5)		Construction/expansion/renovation/conversion
☐ 65.	(b)(6)		Space not inspected/approved but used for field trips–written parent permission
☑ 67.	(c)(3)		Building/Equipment/Furnishings-sanitary, hazard free
☑ 68.	(c)(4)		Testing of premises/grounds for chemicals
☑ 69.			WATER SUPPLY – Public/Well (Schools-N/A)
	☑ (c)(5)(A)		Lead Water Test – Date: _____
	☑ (c)(5)(B)		Bact./Chem Test-Date: _____ (N/A)
	☑ (c)(5)(C)		Drinking water available/accessible
☑ 70.			LEAD PAINT -
	☑ (c)(6)(A)		Building Pre-78: Y/N Lead Test Y/N
			Results No Lead detected
			Lead Management Plan n/a
	☑		Peeling Paint – Y/N Inside/Outside
☑ 71.	☑ (c)(6)(B-D)		Emergency vehicle access
☑ 72.	(d)(2)		Walkways maintained
☑ 73.	(d)(3)		Windows protected to prevent falls
☑ 76.	(d)(5)		Overhead doors–locks/spring protectors (N/A)
☑ 77.	(d)(6), (f)(3)		Exits, stairs, hallways unobstructed

PHYSICAL PLANT 19a-79-7a cont.

☑ 79.			SMOKING
	☑ (d)(8)		Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	☑ (d)(8)		Matches/lighters inaccessible
☑ 82.			TOILETING
	☑ (d)(10)(A)		Shared toilets/sinks–supervision plan
	☑ (d)(10)(B)		Toileting needs met
	☑ (d)(10)(D)		Required toilets/sinks–1:25
	☑ (d)(10)(E)		Toileting Supplies–Hand drying-Garbage
	☑ (d)(10)(E)		Handwashing staff/children
	☑ (d)(10)(F)		Toilets/sinks located at the facility
	☑ (d)(10)(G)		Well lighted/ventilated toilet rooms
	☐ (d)(10)(H)		Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
☑ 83.	(d)(11)		Staff personal articles inaccessible
☐ 84.			AIR TEMPERATURE
	☑ (e)(1)		Air temp<65°F comfortable
	☐ (e)(2)		Air temp > 80 °F - ↑ fluids/ventilation
☑ 86.	(e)(4)		Portable space heaters prohibited
☑ 90.	(e)(6)		Hot water/Steam pipes protected
☐ 91.			TELEPHONE/NUMBERS
	☑ (e)(7)		Working phone on each level
	☑ (e)(7)		Emergency numbers posted-adjacent to phones
	☑ (e)(7)		Parents provided direct on site phone number
☑ 94.			LIGHTING
	☑ (e)(8)		All areas min. 1 foot candle of lighting
	☑ (e)(9)		Enough lighting for comfort
	☑ (e)(9)		Light fixtures shielded/shatter proof
☑ 95.	(e)(10)		Potentially hazardous substances, materials labeled, inaccessible
☑ 96.	(e)(11)		Garbage/rubbish-disposed of daily, containers in good repair
☑ 97.	(e)(12)		Stairs-protected/good repair-handrails
☑ 98.	(e)(13)		Toxic plants/materials inaccessible
☑ 99.	(e)(14-15)		Pets or other animals–in good health, written care plan including access to children
☑ 101.	(e)(17)		Radon test- Results: _____ (Schls-N/A)
☑ 102.	(e)(18)		Carbon monoxide detector-each level N/A
☑ 103.	(f)(1)(A)		Program space-adequate-35 sq. ft. per child
☑ 104.	(g)(1)		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
☑ 107.	(g)(4)		Developmentally app equipment, materials
☑ 108.	(g)(5)		Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
☑ 109.	(g)(6)		Indoor climbing play equipment-shock absorbing materials under and around
☑ 110.	(j)		No weapons/no facsimile of a firearm
☑ 111.			OUTDOOR SPACE
	☑ (h)(1)		Adequate space- 75 sq. ft. per child
	☑ (h)(2)		Shock absorbing surfaces-minimum 8"
	☑ (h)(3)		Playground free from hazards
	☑ (h)(4)		Nuts, bolts, screws-tight, covered/protected
	☑ (h)(5)		Outside equipment anchored–anchors buried
	☑ (h)(6)		New equip- cert playg. Inspection upon request
	☑ (h)(8)		Drinking water available/accessible
	☑ (h)(9)		Equipment arranged for safety-equip/fences/structures not hazardous
☑ 112.			OUTDOOR PROTECTED/FENCED
	☑ (h)(7)		Playground protected from traffic, water, gullies or other hazards
	☑ (h)(7)(B)		Fences installed to protect from water–4 ft, self closing and self latching devices or locks
	☑ (h)(7)(C)		Rooftop play areas-6 ft. wall/barrier (N/A)
☑ 114.			WATER HAZARDS
	☑ (i)		Pools, swimming areas-conforms to DPH (N/A)
	☑ (i)		Wading pools prohibited
	☐ (i)		Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

PROGRAM NAME	Reg 15 Bas Pomperaug	LICENSE NUMBER	14134	DATE OF INSPECTION	5/15/25

SCHOOL AGE ENDORSEMENT 19a-79-11

☑ 140.	(b)	Approved Schl Age Endorsement
		SCHEDULE - ACTIVITIES
☑ 141.	☑ (c)	Written daily program plan-flexible schedule-available to staff/parents
	☑ (c)(1)	Activities not a duplication of child's day
	☑ (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	☑ (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
☑ 143.	(d)	Ratio- 1:15
☑ 144.	(e)	Group size- max. 30
☑ 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
☑ 146.	(g)	Designated Head teacher approved- 60%

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.		NONPRESC. TOPICAL MEDICATION
	☑ (a)(2)	Admin/Parent permission/report errors
	☑ (a)(3)(A-B)	Labeling and Storage
	☑ (a)(3)(C)	Unused/expired meds destroyed/returned
☑ 160.		MEDICATION TRAINING
	☑ (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)

MONITORING OF DIABETES 19a-79-13 Y/N

☑ 171.	(a)(1)	Written policies and procedures
☑ 172.		STAFF TRAINING
	☑ (b)(1)(A)	Staff training – first aid
	☑ (b)(1)(B) (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	☑ (b)(2)	Training updated at least every 3 years
	☑ (b)(3)	Written documentation of training
	☑ (c)(2)	Trained staff on site when child is present
☑ 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
☑ 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

ADDITIONAL VIOLATION

☑ 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

policy review checklist provided during inspection highlighting changes to the child care center regulations effective Oct 16, 2024. Programs must ensure policies updated to reflect new requirements

Signature of OEC staff	Jaime Fatin	Mason Karpovich	Signature of person in charge
Printed Name	Jaime Fatin	mason karpovich	Printed Name

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**: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 5/29/25

CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Reg 15 BAS Pomperaug License # 14134 Date: 5/15/25

Observations/Corrections needed:

1.(c)(8) Local Health Inspection not observed (send in copy w/ CAP)

19(a)(1) 1 out of 3 staff health not current/observed.

~~(33(b)(1) 1 out of 3 health and safety training not observed)~~ okay, located.

25(1)(1)(2(A-H) Agreements not updated with required services for consultants.

40(a)(2)(E): 1 child with emergency Medication did not have Individual Care plan.

161(b)(3)(A-B): 2 emergency Medications - listed on school permission form and expired

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: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5/29/25

Signature: Mason Karpovich
(Person in Charge)
Print Name: Mason Karpovich