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 Gainfield	License Number: 14052	Date of Inspection: 9/26/23 Time of Arrival: 7:20
Address: 307 Old Field Rd	Expiration Date: 1/31/26	Licensed Capacity: 83
Town: Southbury	Telephone: 203 262-1020	# of children present: 22 # of staff present: 3
Operator: Nest DayCare	Director: Leslie Mastrianna	
Email: leslie.srq89@gmail.com	Head Teacher: Jenn Peters	
Hours of Operation: M-F 7-9:00 3:00-6:00	Summer Care: Closed	
Ages Served: 5 to 12 yrs.	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: 6/30/24 expires

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/Sta

Items Posted: Conspicuous/Accessible

☑ 8. License
☑ 9. Current Fire Marshal Certificate Date: 10/6/22
☑ 10. OEC Complaint Procedure
☑ 11. Food Service Certificate Date: n/a
☑ 12. Menus
☑ 13. Emergency Plans
☑ 14. No Smoking Signs
☑ 15. Radon Test (Y/N) Date: _____ Results: n/a
☑ 15a. Developmental Milestones

Staffing 19a-79-4a

☐ 16. Staff Health Records/TB Tests
☑ 17. Professional Development
☑ 18. Disciplinary Actions
☑ 18b. Background Checks
☑ 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	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	—
Dietitian	n/a	n/a

☑ 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
☑ 49. Lead Water Test (Y/N) Date: n/a
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: Jaime Fortin Print Name: Jaime Fortin	Written Corrective Action Plan Due to OEC by: 10/9/23	Signature of Person in Charge: Theresa Basile Print Name: Theresa Basile

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Region 15 BAS-Gainfield License # 14052 Date: 9/26/23

Observations/Corrections needed:

(4) No documentation of behavior techniques discussed with parents

(16) 1 staff physical not current

(37) 1 child's health record not observed (1 out of 4)

(38) Care Plan missing information - triggers, symptoms and not signed by staff

Discussed: 1 medication form lists 2 medication on 1 form. Only 1 Medication perform

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)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/9/23

Signature: _____ (Person in Charge)