

SCHOOL AGE ONLY INSPECTION FORM

☐ INITIAL ☒ UNANNOUNCED ☒ FULL ☐ PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: Region 15 BAS Gaintfield	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.srg89@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/Staff

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. Lifeguard 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:

Print Name: **Jaime Fortin**

Written Corrective Action Plan
Due to OEC by:

10/9/23

Signature of Person in Charge:

Print Name: **Theresa Basile**

Editorial
The American Medical Association is proud to announce the publication of the new edition of the *Journal of the American Medical Association*. This new edition contains many new articles and features, and is designed to provide the most up-to-date information on medical practice and research.

Editorial Board
The *Journal of the American Medical Association* is edited by a distinguished group of medical professionals, including Dr. [Name], Dr. [Name], and Dr. [Name].

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SUPPLEMENTAL REPORT OF INSPECTION

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

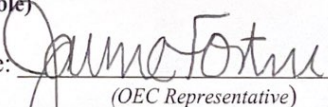
Observations/Corrections needed:

- 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 ~~medication~~

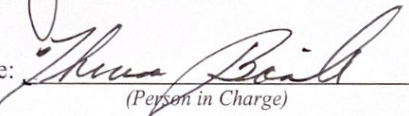
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 

(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 

(Person in Charge)

OEC BY: 10/9/23