CONNECTICUT

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING

CONNECTICUT Early Childhood

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

Type of Inspection: ☐ Initial ☑ Unannounced Full ☐ Announced Full ☐ Partial ☐ Follow-Up ☐ Change of Location

Program Name:	Region 15 BAS-Long Meadow	Date of Inspection:	1/23/25	Time of Arrival:	7:10
Address:	45 N. Benson Rd	License Number:	15041	Expiration Date:	2/28/26
Town:	Middlebury	Telephone Number:	8067589891	Summer Care:	Closed
Operator:	Nest Day Care Inc	# of Staff Present:	3	# over 3 Present: 21	# under 3 Present: 0
Email:	Leslie.sr89@gmail.com.	Total Capacity:	90	Total Under 3 capacity: 0	Ages Served: 5 to 12
Designated Director:	Leslie Mastrianna	Hours/Days of Operation:	M-F 7-9 3:40-6:00		

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

Endorsements: ☐ Under Three (6wks - 36m) ☐ Preschool (3y - 5y) ☑ School Age (5y & up) ☐ Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

☐ 1.	(c)(8)	Local Health Inspection-Date: 10/12/22	

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
☑ 14.	(l)	2.8 yr olds enrolled in preschool-authorization
☑ 15.	(m)	Motor vehicle laws–transportation
☑ 16.	(n)	Capacity
☑ 17.	(o)	Respond to OEC-no false, misleading statements or documents
☑ 18.		POSTINGS
	☑ (e)(1)	License posted
	☑ (e)(2)	OEC Complaint Procedure posted
	☑ (e)(3)	Menus posted
	☑ (e)(4)	No Smoking posted signs at entrances
	☑ (e)(5)	OEC Inspection report posted or available
	☑ (e)(6)	Developmental Milestones posted

STAFFING and CONSULTANTS 19a-79-4a cont.

☑ 19.	(a)(1)	Staff health records
☑ 20.	(a)(3)	Disciplinary actions
☑ 21.	(b)	Comprehensive Background Checks
☑ 22.	(b)(4)	Evidence of compliance
☑ 23.	(d)	Adequate staffing
☑ 24.	(d)(1)	Designated head teacher–approved-60%
☑ 25.	(d)(2)	Two staff present–age 18 or older
☑ 26.	(d)(3)(A-C)	Personal qualities of staff
☑ 27.		RATIOS
	☑ (d)(4)(A)	Ratio 1:10 – Indoors/Outdoors
	☑ (d)(4)(B)	Mixed age group–ratios
	☑ (d)(6)	Nap time ratio
☑ 28.	(d)(4)(D)	Supervision–Indoors/Outdoors
☑ 29.		GROUP SIZE
	☑ (d)(5)	Group Size–Indoors/Outdoors
	☑ (d)(5)(A)	Group Size–school age field trips/outdoors
	☑ (d)(5)(B)	Mixed age group–group size
☑ 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)(2)	Health & Safety training
	☑ (h)(1)(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 (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) (H)(i)-(I)(i)	Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	—
Health	✓	✓	—
Soc. Serv.	✓	✓	
Dietitian			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME	Region 10 BAS Long Meadow	LICENSE NUMBER	15041	DATE OF INSPECTION	1/23/25

RECORD KEEPING 19a-79-5

☑ 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
☑ 52.	(a)(7)	Separate hand washing facilities
☑ 53.	(a)(8)	Multi-use eating/drinking utensils
☑ 54.	(a)(9)	Kitchen separated (Schl age only N/A)
☑ 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
☑ 60.	☑ (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
☑ 61.	☑ (d)	FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

☑ 62.	(a)(2)	Fire marshal codes/certificate 8/20/24
☑ 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
☑ 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
☑ 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
☑ 68.	(c)(4)	Testing of premises/grounds for chemicals
☑ 69.		WATER SUPPLY – Public/Well (Schools-N/A)
	☑ (c)(5)(A)	Lead Water Test – Date: n/a
	☑ (c)(5)(B)	Bact./Chem Test-Date: n/a (N/A)
	☑ (c)(5)(C)	Drinking water available/accessible
☑ 70.		LEAD PAINT -
		Peeling Paint – Y (N) Inside/Outside
	☑ (c)(6)(A)	Building Pre-78: Y (N) Lead Test: Y (N)
		Results n/a
	☑ (c)(6)(B-D)	Lead Management Plan n/a
☑ 71.	(d)(1)	Emergency vehicle access

PHYSICAL PLANT 19a-79-7a cont.

☑ 72.	(d)(2)	Walkways maintained
☑ 73.	(d)(3)	Windows protected to prevent falls
☑ 74.	(d)(3)	Window screens (Schl age only- N/A)
☑ 75.	(d)(4)	Glass and mirrors protected to 36"
☑ 76.	(d)(5)	Overhead doors–locking devices, spring protectors N/A
☑ 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
☑ 78.	(d)(7)	Individual storage of clothing/bedding
☑ 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
☑ 80.	(d)(8)	Matches/lighters inaccessible
☑ 81.	(d)(9)	Electrical safety–outlets inaccessible -covered or protected (Schl age only-N/A)
☑ 82.		TOILETING
	☑ (d)(10)(A)	Shared toilets/sinks–supervision plan
	☑ (d)(10)(B)	Toileting needs met
	☑ (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	☑ (d)(10)(C)	Required toilets/sinks–1:16
	☑ (d)(10)(D)	Required toilets/sinks–1:25 schl age only
	☑ (d)(10)(E)	Toileting Supplies–Hand drying-Garbage
	☑ (d)(10)(E)	Handwashing staff/children
	☑ (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
	☑ (d)(10)(G)	Well lighted/ventilated toilet rooms
	☑ (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
☑ 83.	(d)(11)	Staff personal articles inaccessible
☑ 84.		AIR TEMPERATURE
	☑ (e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
☑ 85.		
	☑ (e)(1)	Air temp<65°F comfortable (Schl age only-N/A)
	☑ (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
☑ 86.	(e)(3)	Water temperature 60 °F – 120 °F
☑ 87.	(e)(4)	Portable space heaters prohibited
☑ 88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
☑ 89.	(e)(5)	Rugs- not tripping/slipping hazard
☑ 90.	(e)(6)	Hot water/Steam pipes protected
☑ 91.	(e)(7)	Working phone on each level
☑ 92.	(e)(7)	Emergency numbers posted-adjacent to phones
☑ 93.	(e)(7)	Parents provided direct on site phone number
☑ 94.		LIGHTING
	☑ (e)(8)	All areas min. 1 foot candle of lighting
	☑ (e)(9)	Adequate lighting–30/50 candle feet–napping children-sufficient lighting to be visible
	☑ (e)(9)	Schl age only-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
☑ 100.	(e)(16)	Prevention of vermin-openings screened
☑ 101.	(e)(17)	Radon test- Results: _____ (N/A) Results posted-Date: _____ (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
☑ 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
☑ 106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
☑ 107.	(g)(4)	Developmentally app equipment, materials

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

PROGRAM NAME	Region 15 Bas Longmeadow	LICENSE NUMBER	15041	DATE OF INSPECTION	1/23/25

PHYSICAL PLANT 19a-79-7a cont.

☑ 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/FENCING
	☑ (h)(7)		Playground protected from traffic, water, gullies or other hazards
☑ 113.	☑ (h)(7)(A)		Fences installed to protect from hazards-4 ft
	☑ (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 19-13-B33b and 19a-36-B61 (N/A)
	☑ (i)		Wading pools prohibited
	☑ (i)		Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

☑ 115.	(a)		Written daily/weekly educational plan-developmentally appropriate
☑ 116.	(a)		EDUCATIONAL REQUIREMENTS
	☑ (1)-(11)		Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
	☑ (b)		Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 (Y/N)

☐ 117.	(b)		Approved Under 3 Endorsement
☐ 118.	(c)(2)		Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
☐ 119.	(c)(3)		Group size-max 8 (6wks-24mths), max 10 (24-36mths)
☐ 120.	(c)(4)		Physical barriers- indoors/outdoors
☐ 121.	(d)(1)(A-C)		Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
☐ 122.	(d)(2)(Ai-iii)		Cribs-in compliance w/CPSC (manf. after 6/28/11)
☐ 123.	(d)(2)(B)		Washable cots
☐ 124.	(d)(2)(C)		Chairs for feeding-stable base-safety straps-locking tray
☐ 125.	(d)(2)(D)		Dev. appropriate tables/chairs/equipment
☐ 126.	(d)(2)(E)		Refrigerator and food prep facilities
☐ 127.	(d)(3)(A-C)		Optional furniture/equip-safe/hazard free
☐ 128.			DIAPERING
	☐ (e)(1)		Diaper area: elevated/sturdy/safety rail
	☐ (e)(2)		Diaper area: used only for this purpose, located in the program area
n/a	☐ (e)(3)		Diaper area: non-porous surface/good repair
	☐ (e)(4)		Diaper area: washed/disinfected after use
	☐ (e)(5)		Diaper area: disposable paper sheets
	☐ (e)(6)(9)		Covered waste receptacle-removed daily
	☐ (e)(7)		Handwashing-staff/children
	☐ (e)(8)		Diapering-Handwashing policies-posted/followed
	☐ (e)(10)(A-C)		Cloth diapers–written plan developed

UNDER THREE ENDORSEMENT 19a-79-10 cont.

☐ 129.			LINENS/CLOTHING
	☐ (f)(1)		Linens/emergency clothing available
	☐ (f)(2)		Linens washed weekly or as needed
	☐ (f)(3)		Linens/clothing stored individually
	☐ (f)(4)		Cribs/cots cleaned-linens changed when shared
☐ 130.			SAFE SLEEP
	☐ (g)(1)		Under 12 mths placed on back for sleeping
	☐ (g)(1)		Crib-snug fitting mattress/tightly fitted sheet
	☐ (g)(1)		Alternate sleep position/equipment-medical documentation for medical reason on file
	☐ (g)(2)		Infants allowed to adopt other sleep positions
n/a	☐ (g)(3)		No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	☐ (g)(4)		No unapproved sleeping-car seats/swings/beds, etc.
	☐ (g)(5)		No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	☐ (g)(6)		Observe/assess infants at least every 15 minutes
	☐ (g)(7)		Teething necklaces/bracelets, jewelry inaccessible
	☐ (g)(8)		Safe sleep policies posted/parents informed
☐ 131.	(h)(1)		Infant toys-separate/washed/sanitized daily
☐ 132.	(h)(1)		Toddler toys-washed/sanitized weekly
☐ 133.	(h)(2)		No toys/objects less than 1 ¼ " diameter
☐ 134.	(h)(2)		Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
☐ 135.	(i)(1)(2A-C)		Health consultant visits/documentation
☐ 136.			FEEDING
	☐ (j)		Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
n/a	☐ (k)(1)		Written feeding schedule from parent-updated
	☐ (k)(2)		Unused formula/milk discarded after feedings
	☐ (k)(3)		Clean bottles/disposable bottles/appvd washing
	☐ (k)(4)		Baby food served from dish or whole jar
	☐ (k)(5)		Bottles labeled with child's name
☐ 137.	(l)(1)		Outdoor spaced fenced–4 ft lic. after 1/1/25
☐ 138.	(l)(2)		Outdoor equipment-developmentally appropriate for ages of the children
☐ 139.	(l)(3)		Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety

SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)

☐ 140.	(b)		Approved Schl Age Endorsement
			SCHEDULE - ACTIVITIES
☑ 141.	☑ (c)		Written daily program plan-flexible schedule-available to staff/parents
☑ 142.	☑ (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)		Head teacher approved- 60%

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME	Region 15 BAS Longmeadow	LICENSE NUMBER	15041	DATE OF INSPECTION	1/23/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

☐	147.	(b)	Approved Night Care Endorsement
☐	148.	(b)(1)	Person in charge-head teacher
☐	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
☐	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
☐	151.	(b)(4)	Children in care no more than 12 hrs. in 24
☐	152.	(b)(5)	Staff awake and available
☐	153.		SLEEP PROVISIONS
		☐ (b)(6)	Individual cot/crib with bedding
		☐ (b)(6)(A)	Sleeping apparel/toiletries labeled
n/a		☐ (b)(6)(B)	Required bedding
		☐ (b)(6)(C)	Required toiletries
		☐ (b)(6)(D)	Bedding/sleeping apparel laundered weekly
		☐ (b)(7)	Sleep arrangements for infants
☐	154.	(b)(8)	Air temp 65 °F at 3 ft
☐	155.	(b)(9)	Fire marshal approval-hours specified
☐	156.	(b)(10)	Local health approval

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

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
n/a		☑ (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.	-	Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

review of new regulations including updates to policies, consultant agreements, health and safety training, reference checks and ratios All items ✓ were either in Full Compliance or discussed at visit.

SIGNATURE OF OEC STAFF	Jaime Fortin	Jennifer L. Mara - BAS	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Jaime Fortin	Jennifer L. Mara - BAS	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: 2/7/25

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

November 2024

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Region 15 BAS Long Meadow License # 15041 Date: 1/23/25

Observations/Corrections needed:

playground snow covered and unable to determine if 8 inches impact material. Program is aware must be in compliance at all times.

(NN) Program not in compliance ..

(1) Local Health inspection not current

35(19a-79-4a)(1)(iii): when program staff is serving as Education Consultant in program with same operator as a program in which they provide direct care

(90) 3 care plans not observed for children with known chronic diseases. 1 care plans states medication to be on site and medication not observed on site.

(161) 1 Medication form not signed by child's parents. 2 forms check Boxes not filled in by parent.

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: 2/7/25

Signature: Jennifer L. Marra - BAS (Person in Charge)

Print Name: Jennifer L. Marra - BAS