☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest Date: 4/24/23 Time: 9:00

Location Address: 984 Southford Rd Middlebury Telephone #: 860 758-9799

e-mail address: Tracey.cravanzola@cadence-education License #: 70687 Expiration Date: 12/31/26

Capacity: 87 # of Children Present: 53 # of Staff Present: 11

Consent to Inspect Family Child Care Home	*I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.* ***Provider/Applicant/Substitute's Signature*** _____

Purpose of visit: Follow Up Ratios from 4/21/23 visit

Observations/Corrections needed:

Ratio's in compliance. NO violations at visit

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5/6/23

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

Signature: Valbona Mukollari
(Person in Charge)
Print Name: Valbona Mukollari