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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest Date: 9/18/23 Time: 1:00

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(37) # of Children Present: 44 # of Staff Present: 10

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: partial based on 4/21/23 Inspection

Observations/Corrections needed:

21- Ratios - In Compliance
40 - Menus posted - In compliance.
38 Care Plans - In Compliance
123- Diaper policy posted - In compliance

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: 10/2/23

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

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