

**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:	The Nest School, Wallingford	Date of Inspection:	2.5.25	Time of Arrival:	8:34
Address:	7 Research Parkway	License Number:	Pending	Expiration Date:	
Town:	Wallingford 06492	Telephone Number:	203-626-1934	Summer Care:	open
Operator:	The Nest Schools, Inc.	# of Staff Present:	9	# over 3 Present:	0
Email:	wallingford@thenestschools.com	Total Capacity:		Total Under 3 capacity:	
Designated Director:	Michele Sinatra	Hours/Days of Operation:		Ages Served:	6wks-12yrs
					M-F 7:00-6:00

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

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

1. (c)(8) Local Health Inspection-Date: 1-6-25

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

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27.
 - (d)(4)(A)
 - (d)(4)(B)
 - (d)(6)
 - (d)(4)(D)
- 28.
- 29.
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33.
 - (a)(2)
 - (h)(1)(2)
 - (h)(1)(2)
- 34.
 - (4)(C)(ii-v)
 - (4)(C)(i)
 - (e)(6)
 - (e)(6)
- 35.
 - (i)(1)(A)-(D)
 - (i)
 - (i)(2)(A-H)
 - (F)
 - (i)(2)
 - (H)(i)-(I)(i)

Staff health records
 Disciplinary actions
 Comprehensive Background Checks
 Evidence of compliance
 Adequate staffing
 Designated head teacher-approved-60%
 Two staff present-age 18 or older
 Personal qualities of staff
RATIOS
 Ratio 1:10 - Indoors/Outdoors
 Mixed age group-ratios
 Nap time ratio
 Supervision-Indoors/Outdoors
GROUP SIZE
 Group Size-Indoors/Outdoors
 Group Size-school age field trips/outdoors
 Mixed age group-group size
 Designated director-training
 CPR certified program staff
 First aid certified program staff
PROFESSIONAL DEVELOPMENT
 Documentation
 Health & Safety training
 1% annual hours
SWIMMING ACTIVITIES - Y(N)
 Swimming-Ratios
 Non-swimmers identified
 CPR certified staff-age 20 or older
 Lifeguard-certified-supervising
CONSULTANTS
 Consultants-Education, Health, Social Service, Dietitian (N/A)
 Consultant agreements-signed annually
 Agreements complete w/required services
 Consultant logs-documented activities, observations and required services
 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	The Nest School, Wallingford	LICENSE NUMBER	pending	DATE OF INSPECTION	2-5-25
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RECORD KEEPING 19a-79-5		
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
<input checked="" type="checkbox"/> (a)(1)(D)(i)		Emergency medical permission
<input checked="" type="checkbox"/> (a)(1)(D)(ii)		Authorized release permission
<input checked="" type="checkbox"/> (a)(1)(D)(iii)		Field trip permission
<input checked="" type="checkbox"/> (a)(1)(D)(iv)		Transportation permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days

PHYSICAL PLANT 19a-79-7a cont.		
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		TOILETING
<input checked="" type="checkbox"/> (d)(10)(A)		Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(B)		Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)		Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(C)		Required toilets/sinks-1:16
<input checked="" type="checkbox"/> (d)(10)(D)		Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> (d)(10)(E)		Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> (d)(10)(E)		Handwashing staff/children
<input checked="" type="checkbox"/> (d)(10)(F)		Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> (d)(10)(G)		Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(10)(H)		Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		AIR TEMPERATURE
<input checked="" type="checkbox"/> 85.	(e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 86.	(e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 87.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 88.	(e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/> 89.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 90.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 91.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> 92.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 93.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 94.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> (e)(8)		Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)		LIGHTING
<input checked="" type="checkbox"/> (e)(9)		All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(9)		Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(9)		Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(10)		Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(11)		Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/> (e)(12)		Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(13)		Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(14-15)		Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(16)		Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (e)(17)		Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (e)(18)		Radon test- Results: <u>0.9</u> N/A
<input checked="" type="checkbox"/> (f)(1)(A)		Results posted-Date: <u>12-26-24</u> (Schls-N/A)
<input checked="" type="checkbox"/> (g)(1)		Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (g)(2)		Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> (g)(3)		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> (g)(4)		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse boxes inaccessible
		Developmentally app equipment, materials

HEALTH and SAFETY 19a-79-6a		
<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>1-31-26</u> N/A
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 61.	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a		
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate _____
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		WATER SUPPLY - Public Well (Schools-N/A)
<input checked="" type="checkbox"/> (c)(5)(A)		Lead Water Test - Date: <u>12-16-24</u>
<input checked="" type="checkbox"/> (c)(5)(B)		Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/> (c)(5)(C)		Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT -
<input checked="" type="checkbox"/> (c)(6)(A)		Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> (c)(6)(B-D)		Building Pre-78: Y/N Lead Test: Y/N
<input checked="" type="checkbox"/> 71.	(d)(1)	Results _____
		Lead Management Plan _____
		Emergency vehicle access _____

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

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

PROGRAM NAME	The Nest Schools, Wallingford	LICENSE NUMBER	pending	DATE OF INSPECTION	2.5.25
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PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>
<input checked="" type="checkbox"/> (h)(1)		Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/> (h)(2)		Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/> (h)(3)		Playground free from hazards
<input checked="" type="checkbox"/> (h)(4)		Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/> (h)(5)		Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/> (h)(6)		New equip- cert play. Inspection upon request
<input checked="" type="checkbox"/> (h)(8)		Drinking water available/accessible
<input checked="" type="checkbox"/> (h)(9)		Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCING</u>
<input checked="" type="checkbox"/> (h)(7)		Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.		Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/> (h)(7)(A)		Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> (h)(7)(B)		Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/> (h)(7)(C)		<u>WATER HAZARDS</u>
<input checked="" type="checkbox"/> 114.		Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/> (i)		Wading pools prohibited (N/A)
<input checked="" type="checkbox"/> (i)		Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
<input checked="" type="checkbox"/> (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
<input checked="" type="checkbox"/> (b)		Limited access to screen time/video games

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

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

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

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c)	<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/> 142.		Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> (c)(1)		Activities not a duplication of child's day
<input checked="" type="checkbox"/> (c)(2)		Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> (c)(3)		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%

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

PROGRAM NAME	The Nest Schools, Wallingford	LICENSE NUMBER	pending	DATE OF INSPECTION	2.5.25
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y^(N)			MONITORING OF DIABETES 19a-79-13 Y^(N)		
<input checked="" type="checkbox"/> 147. (b) <input checked="" type="checkbox"/> 148. (b)(1) <input type="checkbox"/> 149. (b)(2) <input type="checkbox"/> 150. (b)(3) <input type="checkbox"/> 151. (b)(4) <input type="checkbox"/> 152. (b)(5) <input type="checkbox"/> 153. (b)(6) <input type="checkbox"/> (b)(6)(A) <input type="checkbox"/> (b)(6)(B) <input type="checkbox"/> (b)(6)(C) <input type="checkbox"/> (b)(6)(D) <input type="checkbox"/> 154. (b)(8) <input type="checkbox"/> 155. (b)(9) <input type="checkbox"/> 156. (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available SLEEP PROVISIONS Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 171. (a)(1) <input checked="" type="checkbox"/> 172. (b)(1)(A) (b)(1)(B) (i)-(iii) <input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3) <input checked="" type="checkbox"/> 173. (c)(3) <input checked="" type="checkbox"/> 174. (d)(1) <input checked="" type="checkbox"/> 175. (d)(2) <input checked="" type="checkbox"/> 176. (d)(3) <input checked="" type="checkbox"/> 177. (e)(1) <input checked="" type="checkbox"/> 178. (e)(2) <input checked="" type="checkbox"/> 179. (e)(3)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily		

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y^(N)	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/> 157. (9a) <input checked="" type="checkbox"/> 158. (9a) <input checked="" type="checkbox"/> 159. (a)(2) (a)(3)(A-B) (a)(3)(C) <input checked="" type="checkbox"/> 160. (b)(1)(A/C) (b)(1)(D) (b)(1)(E) (b)(1)(F) (b)(2)(A-B) (b)(2)(C) <input checked="" type="checkbox"/> 161. (b)(3)(A-B) <input checked="" type="checkbox"/> 162. (b)(3)(D) <input checked="" type="checkbox"/> 163. (b)(4)(A-B) <input checked="" type="checkbox"/> 164. (b)(5)(A-B) <input checked="" type="checkbox"/> 165. (b)(5)(C) <input checked="" type="checkbox"/> 166. (b)(5)(D) <input checked="" type="checkbox"/> 167. (b)(5)(E) <input checked="" type="checkbox"/> 168. (b)(6) <input checked="" type="checkbox"/> 169. (b)(7)(A-B) <input checked="" type="checkbox"/> 170. (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution—permission and storage ^(N/A)	<input checked="" type="checkbox"/> 180. - NA	Consent Order/Negotiated Corrective Action Plan conditions ^(N/A)
DISCUSSIONS - COMMENTS			
Discussed and reviewed new regulations. All items checked were observed or discussed. -observed Robins B classroom to not have toys and materials/supplies during inspection(s) -grass playground not licensed at this time, provided technical assistance for use of space.			

SIGNATURE OF OEC STAFF	Jen Schulz / F. Montanys	SIGNATURE OF PERSON IN CHARGE	Michele Sinatra
PRINTED NAME	Jen Schulz F. Montanys	PRINTED NAME	Michele Sinatra

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: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: prior to licensure
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CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest Wallingford License # pending Date: 2.5.5

Observations/Corrections needed:

111(h)(4) observed protruding bott ends on fencing posts and gates throughout playgrounds

75 observed windows in all classrooms to not have etching or documentation of tempered glass^{and} throughout the building. Observed most doors to have etching. Observed areas in and out of classrooms with glass blocks (brick style) walls without documentation of being tempered.

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

Signature: [Signature]
(OEC Representative)
Print Name: Len Schickel Bill Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to licensure

Signature: [Signature]
(Person in Charge)
Print Name: Michele Smitra

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest Wallingford License # pending Date: 2/5/25

Observations/Corrections needed:

Hummingbirds A (under 3)Deductions: $-5.5 \times 2.1 = 11.55$ (fridge/counter) $-3.8 \times 3 = 11.4$ (back door) $-7.7 \times 8.6 = 66.22$ (bathroom) $-.5 \times 8.7 = 4.35$ (wall (4)) $-.5 \times 9.8 = 4.9$ (corner post) $28.8 \times 19.9 = 573.12$ $-99.74 = ~~473.38~~ = 473.38/35 = 13.52$
(total deductions) * not to exceed 8Hummingbirds B (under 3)Deductions: $-5.6 \times 2.1 = 11.76$ (fridge/food prep) $-3 \times 4.1 = 12.3$ (back door) $-2.6 \times 5 = 1.3$ (wall) $-.5 \times .7 = .35$ (wall) $-.5 \times 9.3 = 4.65$ (wall) $-.5 \times 3.2 = 1.6$ (wall) $-.5 \times 2.6 = 1.3$ (wall) $-.5 \times 8.6 = 4.3$ (wall) $28.8 \times 20 = 576 + 8.8 \times 2.3 = 20.24$ total 596.24Total 596.24 $-37.56 = 558.68/35 = 15.96$ not to exceed 8Toddler multipurpose area (not in capacity) $27.5 \times 18.7 = 514.25/35 = 14.69$
OK for 8 under 2 years
or 10 two years old
or 14 over 3's

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Signature: Jen Schutz / Fil Montanye
(OEC Representative)Print Name: Jen Schutz / Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Michele Sinatra
(Person in Charge)OEC BY: prior to licensurePrint Name: Michele Sinatra

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest Wallingford License # Pending Date: 2/5/25

Observations/Corrections needed:

Hummingbirds C

Deductions: $- 3 \times 4 = 12$ (back door) $- .5 \times 9.9 = 4.95$ (wall) $- 3.1 \times .5 = 1.55$ (wall)

$- .5 \times 2.6 = 1.3$ (wall) $- .5 \times 8.6 = 4.3$ (wall) $- 2.5 \times .5 = 1.25$ (wall)

$- .5 \times .7 = .35$ (wall) $- 5.5 \times 2.1 = 11.55$ (counter/food prep) $- .4 \times 4.4 = 1.76$ (wall)

$28.8 \times 19.9 = 573.12$ $+ 2.4 \times 8.2 = 19.68$ Total 592.8
592.8 $- 39.16 = 553.64 / 35 = 15.81$ (not to exceed 8)

Ducklings D

Deductions: $- .5 \times .6 = .3$ (wall) $- .5 \times 2.5 = 1.25$ (wall) $- .5 \times 8.2 = 4.1$ (wall)

$- .5 \times 2.6 = 1.3$ (wall) $- .5 \times 9.7 = 4.85$ (wall) $- .5 \times 2.6 = 1.3$ (wall)

$- 2.1 \times 5.5 = 11.55$ (food prep area) $- 4 \times 3 = 12$ (back door)

$+ 2.4 \times 8.2 = 19.68$ $+ 28.8 \times 19.9 = 573.12$ = total 592.8
592.8 $- 36.65 = 556.15 / 35 = 15.89$ (not to exceed 8)

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Signature: Jen Schult / Fil Montanye
(OEC Representative)

Print Name: Jen Schult / Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Michele Sinatra
(Person in Charge)

OEC BY: prior to licensure

Print Name: Michele Sinatra

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest Wallingford License # Pending Date: 2/5/25

Observations/Corrections needed:

Ducklings C (under 3)

Deductions: $.5 \times 2.1 = 1.05$ (wall) - $.5 \times 5.4 = 2.7$ (wall) - $4.8 \times 2.1 = 10.08$ (food prep)

- $.2 \times 4.2 = .84$ (wall by window) - $.6 \times .8 = .48$ (corner post) - $.9 \times .9 = .81$ (corner post)

- $3 \times 10.6 = 31.8$ (closet) - $3 \times 4.1 = 12.3$ (door) - $9 \times 3 = 27$ (bathrooms)

$28.3 \times 20 = 566$ + $7.3 \times 3 = 21.9$ total = 587.9

587.9 - 60.08 = 527.82/35 = 15.08 (not to exceed 8)

Ducklings B (under 3)

Deductions: $2.3 \times 4.8 = 11.04$ (Food prep) - $.5 \times .9 = .45$ (~~wall~~ ^{Bumpers}) - $3 \times 8.7 = 26.1$ (Bathroom)

- $.5 \times 4.1 = 2.05$ (wall) - $.5 \times 2.1 = 1.05$ (wall) - $4.1 \times 3 = 12.3$ (door)

- $10.6 \times 3 = 31.8$ (Closet) - $.9 \times .9 = .81$ (corner post)

$28.3 \times 20 = 566$ + $3 \times 7 = 21$ total 587

587 - 85.6 = 501.4/35 = 14.32 (not to exceed 8)

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Signature: Jen Schulz / Felicitas
(OEC Representative)
Print Name: Jen Schulz / Felicitas

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Michele Sinatra
(Person in Charge)
Print Name: Michele Sinatra

OEC BY: prior to licensure

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest, Wallingford License # Pending Date: 2/5/25

Observations/Corrections needed:

Cardinals C (2's)

9 (PM) Deductions: $-9.1 \times 2.6 = 23.66$ (bathrooms) $- 4.1 \times 3 = 12.3$ (door)

$-10.6 \times 3 = 31.8$ (Closet) $- 4.8 \times 2.1 = 10.08$ (food prep area) $- .5 \times 6.2 = 3.1$ (wall)

$-.5 \times 2.1 = 1.05$ (wall) $-.9 \times .9 = .81$ (bump out)

$28.2 \times 19.9 = 561.18 + 3 \times 7.1 = 21.3$ total 582.48

582.48 - 82.8 = 499.68 / 35 = 14.27 OK for 10 two year olds
or if 1 child is under 2 OK for 8

Cardinals B (2's)

Deductions: $-2.3 \times 4.8 = 11.04$ (Food prep) $- 3 \times 9 = 27$ (Bathroom) $- 4.1 \times 3 = 12.3$ (Door)

$-.9 \times .9 = .81$ (bump out) $-.5 \times 2.1 = 1.05$ (wall) $-.5 \times 5.1 = 2.55$ (wall) $- 3 \times 10.6 = 31.8$ (Closet)

$3 \times 7.1 = 21.3 + 28.3 \times 20 = 566$ total 587.3

587.3 - 80.55 = 506.75 / 35 = 14.30 OK for 10 two year olds
or if 1 child is under 2 OK for 8

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Signature: Jen Schuck / Fil Montanay
(OEC Representative)

Print Name: Jen Schuck / Fil Montanay

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Michele Sirota
(Person in Charge)

OEC BY: prior to licensure

Print Name: Michele Sirota

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest Wallingford License # Pending Date: 2/5/25

Observations/Corrections needed:

Large multipurpose room (not in capacity)

$19.6 \times 36.4 = 713.44$ Deductions $- 1.4 \times 1.2 = 1.68 - 2.3 \times .7 = 1.61$
 $713.44 - 3.29 = 710.15 / 35 = 20.29$ (bump out) (bump)

OK for 20 over 3 or 10 over two years old or 8 under 2

Penguins B (over 3)

Deductions: $- 3 \times 4.8 = 14.4$ (Door) $- 1.3 \times 1.3 = 1.69$ (corner post) $- 3 \times 10.5 = 31.5$ (Closet)

$- 15.2 \times 10 = 152$ (Bathroom) $- .5 \times 2.1 = 1.05$ (wall) $- .5 \times 4 = 2$ (wall)

$.5 \times 5.1 = 2.55$ (wall) $- .7 \times .7 = .49$ (bump out) $- .7 \times .7 = .49$ (bump out)

$.5 \times 5 \times 2.1 = 10.5$ (Food prep) $- .9 \times .9 = .81$ (bump out)

$23.9 \times 52.3 = 1249.97 + 7.1 \times 3 = 21.3$ total 1,271.27
 $1271.27 - 217.48 = 1,053.79 / 35 = 30.10$ OK for 30

Request ~~FM~~ Penguins C (over 3)

Deductions: $- 1.3 - 1.3 = 1.69$ (bump) $- 3 \times 4.9 = 14.7$ (door) $- 3 \times 10.6 = 31.8$ (closet) $- 2.1 \times 2.4 = 5.04$ (back corner)

$- 12.8 \times 7.9 = 101.12$ (Bathroom) $- 5 \times 2.1 = 10.5$ (Food Prep) $- .5 \times .8 = .4$ (bump) $- .5 \times 2.1 = 1.05$ (wall)
 $.5 \times 4.4 = 2.2$ (wall) $- .8 \times .7 = .56$ (corner post) $- .5 \times 5.2 = 2.6$ (wall) $- .7 \times .8 = .56$ (corner post)
 $.8 \times .8 = .64$ (corner post)

$3 \times 7 = 21 + 52.4 \times 23.9 = 1252.36$ total 1273.36 $- 172.86 = 1100.5 / 35 = 31.44$
OK for 31

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Signature: Jen Schutz / Fil Montenegro
Print Name: Jenschutz / Fil Montenegro
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Michele Sinatr
Print Name: Michele Sinatr
(Person in Charge)

OEC BY: _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest, Wallingford License # Pending Date: 2/5/25

Observations/Corrections needed:

Multi purpose (fit buddies) (not in capacity)

Deductions: $-2.7 \times .7 = 1.89$ (bump out) $-.7 \times 2.7 = 1.89$ (bump out) = total = 3.78

$44 \times 18.8 = 827.2 - 3.78 = 823.42 / 35 = 23.52$

OK for 23 over 3 or 10 two year olds or if 7 under 2 then OK for 8

Yoga Patio (not in capacity - outdoors)

$17.4 \times 15.5 = 269.7 + (12.9 + 8.5) \times 3 = 64.2 = 32.1$

$269.7 + 32.1 = 301.8$ ¹⁷⁵ ~~8.62~~ ~~EM~~ OK for 4 ² ~~FR~~

Robins A (over 3)

Deductions: $-.9 \times .9 = .81$ (posts) $-.6 \times .7 = .42$ (post) $-.2 \times 7 = 1.4$ (post) $-10.5 \times 3 = 31.5$ (closet)

$.5 \times 2.2 = 1.1$ (wall) $-.5 \times 4.5 = 2.25$ (wall) $-.5 \times 5.6 = 2.8$ (wall) $-5.1 \times 2.1 = 10.71$ (food prep)

$-12.9 \times 9.9 = 127.71$ (bathroom) $-1.3 \times 1.3 = 1.69$ (post) $-3.0 \times 4.9 = 14.7$ (door)

52.3×23.8 ~~#~~ = $1244.74 + 3 \times 7.3 = 21.9$ total = 1266.64

$1266.64 - 195.09 = 1071.55 / 35 = 30.61$ OK for 30

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Signature: Jen Schultz / Fil Montance
(OEC Representative)
Print Name: Jen Schultz / Fil Montance

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to licensure

Signature: Michele Sinatra
(Person in Charge)
Print Name: Michele Sinatra

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest, Wallingford License # Pending Date: 2/15/25

Observations/Corrections needed:

Robins B (Cover 3)

Deductions :- .3 x .9 = .27 - .9 x .9 = .81 - 3 x 10.6 = 31.8
 (post) (post) (Closet)

.9 x .6 = .54 - .5 x 4.6 = 2.3 - .5 x 2 = 1 - .5 x 5.6 = 2.8
 (post) (wall) (wall) (wall)

5 x 2.1 = 10.5 - 12.9 x 9.9 = 127.71 - 4.9 x 3 = 14.7
 (Food prep) (Bathrooms) (door)

3 x 7.1 = 21.3 + 24.1 x 52.3 = 1260.43 total 1281.73
1281.73 - 192.43 = 1089.3 / 35 = 31.12 (OK for 31)

Hummingbird A Playground

- 3 x 16 = 48 31.9 x 37.3 = 1189.87 - 48 = 1141.87 / 75 = 15.22

OK for 15 over 3 or 10 over 2 or 8 under 2

Hummingbird B Playground

40.3 x 32.2 = 1297.66 - 4.1 x 3 = 12.3

1297.66 - 12.3 = 1285.36 / 75 = 17.13

OK for 17 over 3 or 10 over 2 or 8 under 2

Hummingbird C Playground

32.4 x 31.3 = 1014.12 - 11.7 x 3 = 35.1 1014.12 - 35.1 =

979.02 / 75 = 13.05

OK for 13 over 3 or 10 over 2 or 8 under 2

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Signature: Jen Schulz / Fil Montanye
Jen Schulz (OEC Representative) / Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Michele Simola
 (Person in Charge)
Michele Simola

OEC BY: prior to licensure

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest Wallingford License # Pending Date: 2/5/25

Observations/Corrections needed:

The grass area Playground (TA not included in licensed)

$97 \times 97.8 = 9486.6 - 32.5 \times 5.9 = 191.75$

$9486.6 - 191.75 = 9294.85 / 75 = 123$

OK for 123 over 3 or 8 under 2 or 10 over 2

(toilets/children) (sinks)

12

hand wash 28

*2 full staff bathrooms with toilets and sinks ✓

Total Capacity

68 under 3

122 over 3

190 total max capacity

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

Signature: Jen Schultz / Fil Montanye
Jen Schultz (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Michele Sinatra
(Person in Charge)

OEC BY: prior to licensure

Michele Sinatra