

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

Nest Hartford Ext Experience	3/5/25	1:40 PM
45 Braeburn Rd	12495	4/30/25
Nest Hartford, CT 06107	800 561 4088	Closed
N HEE INC	# of Staff Present: 8 (4 FT)	# under 3 Present: 0
wheelco42sw@gmail.com	Total Capacity: 60	Total Under 3 capacity: 0
Amanda Velletri	Ages Served: 54/5-124/5	M-F 7-8:30 AM / 3:20-5:45 PM / 1:50 PM-5:45 PM

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

1. (c)(8) Local Health Inspection-Date: 9/28/23

- MINISTRY OF HEALTH**
- 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**
 - 1. (d)(2)(A) Discipline policy
 - 2. (d)(2)(B)-C) Child Protection policy
 - 3. (d)(3) Closing time policy
 - 4. (d)(4)(A) Medical emergency policy
 - 5. (d)(4)(B) Multi-Hazards policy-annual drill
 - 6. (d)(5) Supervision policy
 - 7. (d)(6) General Operating policies
 - 8. (d)(6)(C) Administrative Oversight policy
 - 9. (d)(7) Personnel policies
 - 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
 - 13. **ACCESS**
 - 1. (f) Immediate access by parents
 - 2. (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**
 - 1. (e)(1) License posted
 - 2. (e)(2) OEC Complaint Procedure posted
 - 3. (e)(3) Menus posted
 - 4. (e)(4) No Smoking posted signs at entrances
 - 5. (e)(5) OEC Inspection report posted or available
 - 6. (e)(6) Developmental Milestones posted

- SEARCHING and CONSULTANTS 12-79-43 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**
 - 1. (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - 2. (d)(4)(B) Mixed age group-ratios
 - 3. (d)(6) Nap time ratio
 - 4. (d)(4)(D) Supervision-Indoors/Outdoors
 - 28. **GROUP SIZE**
 - 1. (d)(5) Group Size-Indoors/Outdoors
 - 2. (d)(5)(A) Group Size-school age field trips/outdoors
 - 3. (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**
 - 1. (a)(2) Documentation
 - 2. (h)(1)(2) Health & Safety training
 - 3. (h)(1)(2) 1% annual hours
 - 34. **SWIMMING ACTIVITIES - Y/N**
 - 1. (4)(C)(ii-v) Swimming-Ratios
 - 2. (4)(C)(i) Non-swimmers identified
 - 3. (e)(6) CPR certified staff-age 20 or older
 - 4. (e)(6) Lifeguard-certified-supervising
 - 35. **CONSULTANTS**
 - 1. (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
 - 2. (i) Consultant agreements-signed annually
 - 3. (i)(2)(A-H) Agreements complete w/required services
 - 4. (F) Consultant logs-documented activities, observations and required services
 - 5. (i)(2) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	8	✓	✓
Health	8	✓	✓
Soc. Serv.	8	✓	✓
Dietitian	-	-	-

Nest Hartford Ext Experience

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- 36. (a)(1)(A-C)
- 37. (a)(1)(D)(i)
- (a)(1)(D)(ii)
- (a)(1)(D)(iii)
- (a)(1)(D)(iv)
- 38. (a)(2)(A-B)
- 39. (a)(2)(C)
- 40. (a)(2)(E)
- 41. (a)(3)(A)
- 42. (a)(3)(B)
- 43. (a)(3)(C)(i-ii)
- 44. (a)(3)(D)
- 45. (a)(4)

Children's Enrollment information
PARENT PERMISSIONS
 Emergency medical permission
 Authorized release permission
 Field trip permission
 Transportation permission
 Child Health Records
 Immunization records
 Individual care plan-signed by parents/staff
 Injury, Illness, Incident, Accident reports
 Parent notification of illness or injury
 Notify OEC of serious injuries, fatality
 Notify DPH, local health-reportable diseases
 Video recordings- keep 30 days

- 72. (d)(2)
- 73. (d)(3)
- 74. (d)(3)
- 75. (d)(4)
- 76. (d)(5)
- 77. (d)(6), (f)(3)
- 78. (d)(7)
- 79. (d)(8)
- 80. (d)(8)
- 81. (d)(9)
- 82.

Walkways maintained
 Windows protected to prevent falls
 Window screens (Schl age only- N/A)
 Glass and mirrors protected to 36"
 Overhead doors-locking devices, spring protectors
 Exits, stairs, hallways unobstructed N/A
 Individual storage of clothing/bedding
 Smoking or vaping prohibited on premises/grounds
 Matches/lighters inaccessible
 Electrical safety-outlets inaccessible -covered or protected (Schl age only- N/A)

ALTB and SAFETY 19a-79-6a

- 5. (a)(1)
- 7. (a)(2)
- 3. (a)(3)
- 9. (a)(4)
- 0. (a)(5)
- 1. (a)(6)
- 2. (a)(7)
- 3. (a)(8)
- 4. (a)(9)
- 5. (a)(10)
- 6. (a)(11)
- 7. (b)(1)
- 8. (b)(2)
- 9. (c)
- 50. (c)
- 61. (d)

Preparation, transportation of food-follow DPH Model Food Code N/A
 Nutritious meals and snacks
 Proper refrigeration-41 degrees
 Menus-1 wk in advance- keep 3 mths N/A
 Food Service Inspection
 Kitchen-clean, safe storage of food/supplies
 Separate hand washing facilities
 Multi-use eating/drinking utensils
 Kitchen separated (Schl age only N/A)
 Children supervised during meal prep
 Handwashing-staff/children
 Illness procedures-staff knowledgeable, children observed for signs/symptoms
 Designated isolation area
 FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
 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
 FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

- (d)(10)(A)
- (d)(10)(B)
- (d)(10)(C)
- (d)(10)(C)
- (d)(10)(D)
- (d)(10)(E)
- (d)(10)(E)
- (d)(10)(F)
- (d)(10)(G)
- (d)(10)(H)
- (d)(11)
- (e)(1)
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- (e)(11)
- (e)(12)
- (e)(13)
- (e)(14-15)
- (e)(16)
- (e)(17)
- (e)(18)
- (f)(1)(A)
- (g)(1)
- (g)(2)
- (g)(3)
- (g)(4)

TOILETING
 Shared toilets/sinks-supervision plan
 Toileting needs met
 Potty chairs-nonporous, emptied, disinfected
 Required toilets/sinks-1:16
 Required toilets/sinks-1:25 schl age only
 Toileting Supplies-Hand drying-Garbage
 Handwashing staff/children
 Toilets/sinks located-at the facility or licensed premises
 Well lighted/ventilated toilet rooms
 Mechanical ventilation (Grp Homes N/A)
 Staff personal articles inaccessible
AIR TEMPERATURE
 Air temp 65 °F at 3 ft - non-mercury thermometer affixed to wall (Schl age only N/A)
 Air temp < 65°F comfortable (Schl age only-N/A)
 Air temp > 80 °F - ↑ fluids/ventilation
 Water temperature 60 °F - 120 °F
 Portable space heaters prohibited
 Walls/ceilings/floors/rugs-clean/good repair
 Rugs- not tripping/slipping hazard
 Hot water/Steam pipes protected
 Working phone on each level
 Emergency numbers posted-adjacent to phones
 Parents provided direct on site phone number
LIGHTING
 All areas min. 1 foot candle of lighting
 Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
 Schl age only-lighting for comfort
 Light fixtures shielded/shatter proof
 Potentially hazardous substances, materials - labeled, inaccessible
 Garbage/rubbish-disposed of daily, containers in good repair
 Stairs-protected/good repair-handrails
 Toxic plants/materials inaccessible
 Pets or other animals-in good health, written care plan including access to children
 Prevention of vermin-openings screened
 Radon test- Results: _____ (Schl- N/A)
 Results posted-Date: _____ (Schl- N/A)
 Carbon monoxide detector-each level
 Program space-adequate-35 sq. ft. per child
 Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
 Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
 Air conditioners, water heaters, fuse boxes inaccessible
 Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2)
- 63. (b)
- 64. (b)(1)-(5)
- 65. (b)(6)
- 66. (c)(2)
- 67. (c)(3)
- 68. (c)(4)
- 69. (c)(5)(A)
- (c)(5)(B)
- (c)(5)(C)
- 70. (c)(6)(A)
- (c)(6)(B-D)
- 71. (d)(1)

Fire marshal codes/certificate 11/13/24
 Indoor/Outdoor space inspected/approved
 Construction/expansion/renovation/conversion
 Space not inspected/approved but used for field trips-written parent permission
 Licensed premises-clean, good repair, hazard free, maintenance program established
 Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
 Testing of premises/grounds for chemicals
WATER SUPPLY - Public/Well (Schools-N/A)
 Lead Water Test - Date: _____ N/A
 Bact./Chem Test-Date: _____
 Drinking water available/accessible
LEAD PAINT
 Peeling Paint - Inside/Outside
 Building Pre-78: Y/N Lead Test: Y/N
 Results _____
 Lead Management Plan _____
 Emergency vehicle access

- 95.
- 96. (e)(11)
- 97. (e)(12)
- 98. (e)(13)
- 99. (e)(14-15)
- 100. (e)(16)
- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

PHYSICAL PLANT 19a-79-8a

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.	(h)(1)	OUTDOOR SPACE
	(h)(2)	Adequate space- 75 sq. ft. per child
	(h)(3)	Shock absorbing surfaces-minimum 8"
	(h)(4)	Playground free from hazards
	(h)(5)	Nuts, bolts, screws-tight, covered/protected
	(h)(6)	Outside equipment anchored-anchors buried
	(h)(8)	New equip- cert playg. Inspection upon request
	(h)(9)	Drinking water available/accessible
12.	(h)(7)	Equipment arranged for safety-equip/fences/structures not hazardous
	(h)(7)(A)	OUTDOOR PROTECTED/FENCING
	(h)(7)(B)	Playground protected from traffic, water, gullies or other hazards
	(h)(7)(C)	Fences installed to protect from hazards-4 ft
13.	(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
14.	(i)	Rooftop play areas-6 ft. wall/barrier
	(i)	WATER HAZARDS
	(i)	Pools, swimming areas-
	(i)	conforms to 19-13-B33b and 19a-36-B61
	(i)	Wading pools prohibited
	(i)	Hot tubs/spas/saunas-locked/inaccessible

UNDER THREE ENDORSEMENT 19a-79-10

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

EDUCATIONAL REQUIREMENTS 19a-79-8a

15.	(a)	Written daily/weekly educational plan-developmentally appropriate
16.	(a)	EDUCATIONAL REQUIREMENTS
	(b)	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

17.	(b)	Approved Under 3 Endorsement
18.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
19.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
20.	(c)(4)	Physical barriers- indoors/outdoors
21.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
22.	(d)(2)(A-i-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
23.	(d)(2)(B)	Washable cots
24.	(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.	(e)(1)	DIAPERING
	(e)(2)	Diaper area: elevated/sturdy/safety rail
	(e)(3)	Diaper area: used only for this purpose, located in the program area
	(e)(4)	Diaper area: non-porous surface/good repair
	(e)(5)	Diaper area: washed/disinfected after use
	(e)(6)(9)	Diaper area: disposable paper sheets
	(e)(7)	Covered waste receptacle-removed daily
	(e)(8)	Handwashing-staff/children
	(e)(10)(A-C)	Diapering-Handwashing policies-posted/developed

SCHOOL AGE ENDORSEMENT 19a-79-11

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

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147.	(b)	<p>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</p> <p>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</p>	<input checked="" type="checkbox"/> 171.	(a)(1)	<p>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</p>
148.	(b)(1)		<input checked="" type="checkbox"/> 172.	(b)(1)(A)	
149.	(b)(2)			(b)(1)(B)	
150.	(b)(3)			(i)-(iii)	
151.	(b)(4)			(b)(2)	
152.	(b)(5)			(b)(3)	
153.	(b)(6)		<input checked="" type="checkbox"/> 173.	(c)(3)	
	(b)(6)(A)		<input checked="" type="checkbox"/> 174.	(d)(1)	
	(b)(6)(B)		<input checked="" type="checkbox"/> 175.	(d)(2)	
	(b)(6)(C)		<input checked="" type="checkbox"/> 176.	(d)(3)	
	(b)(6)(D)				
	(b)(6)(E)				
	(b)(6)(F)				
	(b)(6)(G)				
	(b)(6)(H)				
54.	(b)(8)	<input checked="" type="checkbox"/> 177.	(e)(1)		
55.	(b)(9)	<input checked="" type="checkbox"/> 178.	(e)(2)		
56.	(b)(10)	<input checked="" type="checkbox"/> 179.	(e)(3)		

ADMINISTRATION OF MEDICATIONS 19a-79-9a

ADDITIONAL VIOLATION

57.	(9a)	Written medication policies/procedures
58.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
59.		NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors
	<input checked="" type="checkbox"/> (a)(2)	Labeling and Storage
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Unused/expired meds destroyed/returned
	<input checked="" type="checkbox"/> (a)(3)(C)	
60.		MEDICATION TRAINING Medication training-general-oral/top/inhalant
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(1)(D)	Rectal medication
	<input checked="" type="checkbox"/> (b)(1)(E)	Injectable other than premeasured auto-injector
	<input checked="" type="checkbox"/> (b)(1)(F)	Training approval documents/certificates
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training outline on file
	<input checked="" type="checkbox"/> (b)(2)(C)	Authorized prescriber/parent permission
61.	(b)(3)(A-B)	Medication errors- documentation, parent(s) and OEC notification
62.	(b)(3)(D)	Medication Administration Records (MAR)
63.	(b)(4)(A-B)	Labeling and Storage
64.	(b)(5)(A-B)	Emergency medication inaccessible
65.	(b)(5)(C)	Unused/Expired meds-destroyed/returned
66.	(b)(5)(D)	Auto-injector/inhalant equipment
67.	(b)(5)(E)	Self-administration documentation
68.	(b)(6)	Petition for special medication authorization
69.	(b)(7)(A-B)	Potassium Iodide (KI) emergency distribution-permission and storage
170.	(d)	N/A

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions	N/A
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DISCUSSIONS - COMMENTS

- Health + safety training for all staff by 4/1/25
 - Education consultant visit 1x year
 - update all policies per checklist shown on OEC website.
 All items discussed. Review new regulations
 - cleaning sprays inaccessible to children

SIGNATURE OEC STAFF
 K. Kellerman

SIGNATURE OF PERSON IN CHARGE
 Amanda Velletri

EC DIVISION OF LICENSING
 0 Columbus Blvd, Suite 302, Hartford, CT 06103
 helpline: (800)282-6063 or (860)500-4450
 website: www.ctoc.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: 3/19/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: West Hartford Ext

License # 12495

Date: 3/5/25

Observations/Corrections needed:

Experience

- Regulations not in compliance when observed
- #18(e)(2) - Old complaint procedure posted
- #21-1 Staff currently working. Background checks expired 1/27/25. Discussed cant be working until Background checks Submitted and states "work supervised"
- #35 (c)(2)(A-H) All consultant contracts Not current with New regulations
- #38- 1 Child health record not available
- #39- 1 child immunizations not available
- #157- Couldn't locate Med policies/procedures in files
- #161- 1 Authorization form for Child with Benadryl not available. needed on care plan
- #164 - 1 Epi-pen expired 9/2024 for child with Allergy

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: 3/19/25

Signature: [Signature] (OEC Representative) Print Name: FREILIMAN

Signature: [Signature] (Person in Charge) Print Name: Amanda Jelletr