



**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



**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:	Nurturing Nest Early Cntr. Learning	Date of Inspection:	3.20.25	Time of Arrival:	9:45 am
Address:	1721 Meriden Waterbury Rd.	License Number:	70426	Expiration Date:	8/31/26
Town:	Southington 06489	Telephone Number:	860-276-0013	Summer Care:	open
Operator:	Nurturing Nest, Inc.	# of Staff Present:	15	# over 3 Present:	43
Email:	nurturingnestct@gmail.com	Total Capacity:	88	Total Under 3 capacity:	48
Designated Director:	Tory Griffin	Hours/Days of Operation:	M-F 6:30 - 6:00 pm		

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: 4/24/24

**ADMINISTRATION 19a-79-3a**

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<u>POLICIES-COMLETE/IMPLEMENTED</u>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy ★
<input checked="" type="checkbox"/> (d)(2)(B)-C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill ★
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy ★
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	<u>ACCESS</u>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<u>POSTINGS</u>
<input checked="" type="checkbox"/> (e)(1)	License posted
<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> (e)(3)	Menus posted
<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

<input checked="" type="checkbox"/> 19. (a)(1)	
<input checked="" type="checkbox"/> 20. (a)(3)	
<input checked="" type="checkbox"/> 21. (b)	
<input checked="" type="checkbox"/> 22. (b)(4)	
<input checked="" type="checkbox"/> 23. (d)	
<input checked="" type="checkbox"/> 24. (d)(1)	
<input checked="" type="checkbox"/> 25. (d)(2)	
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	
<input checked="" type="checkbox"/> 27.	<input checked="" type="checkbox"/> (d)(4)(A)
	<input checked="" type="checkbox"/> (d)(4)(B)
	<input checked="" type="checkbox"/> (d)(6)
<input checked="" type="checkbox"/> 28. (d)(4)(D)	
<input checked="" type="checkbox"/> 29.	<input checked="" type="checkbox"/> (d)(5)
	<input checked="" type="checkbox"/> (d)(5)(A)
	<input checked="" type="checkbox"/> (d)(5)(B)
	(e)(1)
<input checked="" type="checkbox"/> 30. (e)(1)	
<input checked="" type="checkbox"/> 31. (f)(1)	
<input checked="" type="checkbox"/> 32. (f)(2)	
<input checked="" type="checkbox"/> 33.	<input checked="" type="checkbox"/> (a)(2)
	<input checked="" type="checkbox"/> (h)(1)(2)
	<input checked="" type="checkbox"/> (h)(1)(2)
<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (4)(C)(ii-v)
	<input checked="" type="checkbox"/> (4)(C)(i)
	<input checked="" type="checkbox"/> (e)(6)
	<input checked="" type="checkbox"/> (e)(6)
<input checked="" type="checkbox"/> 35.	<input checked="" type="checkbox"/> (i)(1)(A)-(D)
	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)(2)(A-H)
	<input checked="" type="checkbox"/> (F)
	<input checked="" type="checkbox"/> (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	n/a	n/a	

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

PROGRAM NAME	<u>Nurturing Nest Early Learning Center</u>	LICENSE NUMBER	70426	DATE OF INSPECTION	3.20.25
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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.		<u>PARENT PERMISSIONS</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<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"/>
<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

**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>N/A</u>
<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.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	60.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID SUPPLIES</u> -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.	<input checked="" type="checkbox"/> (d)	<u>FIRST AID SUPPLIES</u> -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 <u>10116124</u>
<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.	<input checked="" type="checkbox"/> (c)(5)(A)	<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>1/19/24</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u>N/A</u>
<input checked="" type="checkbox"/>	70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	<u>LEAD PAINT</u> - Peeling Paint - Y/N <u>8</u> Inside/Outside Building Pre-78: Y/N <u>8</u> Lead Test: Y/N <u>8</u> Results _____
<input checked="" type="checkbox"/>	71.	(d)(1)	Lead Management Plan <u>n/a</u>
			Emergency vehicle access

**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
<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.		<u>TOILETING</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		<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.		<u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/>	85.	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>		(e)(3)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/>	86.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	87.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	88.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	89.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	90.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	91.	(e)(7)	Emergency numbers posted-adjacent to phone
<input checked="" type="checkbox"/>	92.	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	93.	(e)(7)	<u>LIGHTING</u>
<input checked="" type="checkbox"/>	94.	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	95.		Garbage/rubbish-disposed of daily, contained in good repair
<input checked="" type="checkbox"/>	96.	(e)(11)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	97.	(e)(12)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	98.	(e)(13)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	100.	(e)(16)	Radon test- Results: <u>2.1</u> N/A
<input checked="" type="checkbox"/>	101.	(e)(17)	Results posted-Date: <u>3/14/18</u> (Schls-N/A)
<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level <u>N/A</u>
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, ru
<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials

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

PROGRAM NAME: Nurturing Nest Early Learning Center LICENSE NUMBER: 70426 DATE OF INSPECTION: 3.20.25

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"/> 129.	<input checked="" type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor 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
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(2)	
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm *		<input checked="" type="checkbox"/> (f)(3)	
<input checked="" type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>		<input checked="" type="checkbox"/> (f)(4)	
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (g)(2)	
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/> (g)(3)	
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input checked="" type="checkbox"/> (g)(4)	
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (g)(5)	
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input checked="" type="checkbox"/> (g)(6)	
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	<b>OUTDOOR PROTECTED/FENCING</b>		<input checked="" type="checkbox"/> (g)(7)	
		Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(8)	
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> 131.	(h)(1)	
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> 132.	(h)(1)	
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A	<input checked="" type="checkbox"/> 133.	(h)(2)	
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)	<b>WATER HAZARDS</b>	<input checked="" type="checkbox"/> 134.	(h)(2)	
		Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A	<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 136.		
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A		<input checked="" type="checkbox"/> (j)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (k)(1)
<input checked="" type="checkbox"/> 116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>	<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(2)
	<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"/> 139.	<input checked="" type="checkbox"/> (k)(3)
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games *		<input checked="" type="checkbox"/> (k)(4)
				<input checked="" type="checkbox"/> (k)(5)

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 type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input type="checkbox"/> 141.	<input type="checkbox"/> (c)	
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input type="checkbox"/> 142.	<input type="checkbox"/> (c)(1)	
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors		<input type="checkbox"/> (c)(2)	
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		<input type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input type="checkbox"/> 143.	(d)	
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input type="checkbox"/> 144.	(e)	
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input type="checkbox"/> 145.	(f)	
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input type="checkbox"/> 146.	(g)	
<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.		<b>DIAPERING</b>			
	<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			

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

PROGRAM NAME	Nurturing Nest Early Learning Center	LICENSE NUMBER	70426	DATE OF INSPECTION	3.20.25
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N			MONITORING OF DIABETES 19a-79-13 Y/N		

<input type="checkbox"/> 147. (b) <input 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"/> 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 <b>SLEEP PROVISIONS</b> 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 type="checkbox"/> 171. (a)(1) <input type="checkbox"/> 172. (b)(1)(A) <input type="checkbox"/> (b)(1)(B) (i)-(iii) <input type="checkbox"/> (b)(2) <input type="checkbox"/> (b)(3) <input type="checkbox"/> (c)(2) <input type="checkbox"/> 173. (c)(3) <input type="checkbox"/> 174. (d)(1) <input type="checkbox"/> 175. (d)(2) <input type="checkbox"/> 176. (d)(3) <input type="checkbox"/> 177. (e)(1) <input type="checkbox"/> 178. (e)(2) <input type="checkbox"/> 179. (e)(3)	Written policies and procedures <b>STAFF TRAINING</b> 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
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ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
<input checked="" type="checkbox"/> 157. (9a) <input checked="" type="checkbox"/> 158. (9a) <input checked="" type="checkbox"/> 159. (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C) <input checked="" type="checkbox"/> 160. (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F) <input checked="" type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (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)	<input checked="" type="checkbox"/> 180. n/a Consent Order/Negotiated Corrective Action Plan conditions N/A

Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes <b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned <b>MEDICATION TRAINING</b> 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	DISCUSSIONS - COMMENTS * items new regulation/discussed NO violations Discussed: 1 cubby unsecure in PreK 1 light bulb out in One B. 1 loose crib sheet in infant A
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SIGNATURE OF OEC STAFF	Betty mayer	SIGNATURE OF PERSON IN CHARGE	Tory Griffin
PRINTED NAME	Betty Mayer	PRINTED NAME	Tory Griffin

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: n/a	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>
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