

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest School, Wallingford Date: 5.9.25 Time: 9:47

Location Address: 7 Research Parkway Wallingford Telephone #: 203-626-1934

e-mail address: Wallingford@thenestschool.com License #: 70821 Expiration Date: 2.28.29

Capacity: 190 # of Children Present: 84 # of Staff Present: 17+

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: Investigation 2025-472 dated 5/7/25

Observations/Corrections needed:

⑤ 19a-79-3a(d)(2)(A) Discipline policy:
regulation was not in compliance when a staff member was observed grabbing a one year old, by their arm and lifting them out of a feeding chair and dragging her to the carpet/cozy corner area, not following the programs discipline policy

NS 19a-79-3a(d)(2)(B)&(C) Child Protection Policy:
program was in compliance when the staff member who observed the incident reported it to administration, a DCF report was made and staff was terminated immediately, following the ~~ad~~ child protection policy

P 19a-79-3a(a) ensuring safety, health and development.
pending further interviews
*video footage provided via email.

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: 5.25.25

Signature: Jennifer Anne Schulz
(OEC Representative)
Print Name: Jan Schulz

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