

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest School Date: 5/30/25 Time: 9:45 am

Location Address: 7 Research Pkwy Wallingford Telephone #: 203 426 1934

e-mail address: Wallingford@thenestschool.com License #: 70821 Expiration Date: 2/28/29

Capacity: 190/118 # of Children Present: 85/39 # of Staff Present: 20

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: <u>N/A</u>
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Purpose of visit: Self report Case 2025-537

Observations/Corrections needed:

⑤ 19a-79-3a(a) - Administration - Ensuring the health, safety and development of children - Staff failed to ensure the health and safety of a child when they fed a yogurt to a child with a dairy allergy

⑤ 19a-79-10(c)(3) - Under three Endorsement - Group Size - During walk through observed 10 toddlers on the playground with 4 staff.

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: 6/13/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Michele Sinatra