

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest School Date: 6/26/25 Time: 8:30

Location Address: 7 Research Pkwy., Wallingford Telephone #: 203 626-1934

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

Capacity: 190/68 # of Children Present: 62/22 # of Staff Present: 13+

<b>Consent to Inspect Family Child Care Home</b>	<i>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 _____</i>
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Purpose of visit: Follow-up for 2025-537

**Observations/Corrections needed:**

(NS) 19a-79-10(c)(3) Under 3 endorsement, group size - program was in compliance with group size and ratios at time of follow-up visit.

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: MA

Signature: Karen Hicks  
(OEC Representative)  
Print Name: Karen Hicks  
Signature: Michele Senatra  
(Person in Charge)  
Print Name: Michele Senatra