

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@thenestschool.com License #: 70821 Expiration Date: 2/28/29

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

**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 2025-619

Observations/Corrections needed:

(NS) 19a-79-5a(a)(3)(A) Injury, incident reports - in compliance.

(NS) 19a-79-4a(d)(4)(D) Supervision - insufficient evidence to support a regulatory violation.

(S) 19a-79-3a(b)(7)(A) Child behavior management - regulation not met when staff member was observed to pull child by arm and use a harsh tone of voice to tell child to stop bothering another child.

(NS) 19a-79-3a(d)(6)(B) Agreements with parents/policies - insufficient evidence to support a regulatory violation.

(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: 7/10/2025

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