

**CHILD CARE CENTER and GROUP CHILD CARE HOME**  
**INSPECTION FORM**

Type of Inspection: ☒ Initial ☐ Unannounced Full ☐ Announced Full ☐ Partial ☐ Follow-Up ☐ Change of Location

|                             |                            |                                 |                    |                                |         |
|-----------------------------|----------------------------|---------------------------------|--------------------|--------------------------------|---------|
| <b>Program Name:</b>        | The Nest School - Simsbury | <b>Date of Inspection:</b>      | 7.1.25             | <b>Time of Arrival:</b>        | 8:30 am |
| <b>Address:</b>             | 30 Hopmeadow St.           | <b>License Number:</b>          | pending            | <b>Expiration Date:</b>        | n/a     |
| <b>Town:</b>                | Simsbury 06070             | <b>Telephone Number:</b>        | 860-308-1908       | <b>Summer Care:</b>            | open    |
| <b>Operator:</b>            | The Nest School, Inc.      | <b># of Staff Present:</b>      | 2                  | <b># over 3 Present:</b>       | 0       |
| <b>Email:</b>               | simsbury@thenestschool.com | <b>Total Capacity:</b>          | 247                | <b>Total Under 3 capacity:</b> | 106     |
| <b>Designated Director:</b> | Tracey Tomlinson           | <b>Hours/Days of Operation:</b> | M-F 630am to 600pm |                                |         |

**Instruction Codes:**    ✓ = Regulation in Compliance    O = Regulation not in Compliance    N/A = Not applicable at this time

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**

☒ 1. (c)(8) Local Health Inspection-Date: 5/6/25

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

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| <input checked="" type="checkbox"/> 2.<br><input checked="" type="checkbox"/> 3.<br><input checked="" type="checkbox"/> 4.<br><input checked="" type="checkbox"/> 5.<br><input checked="" type="checkbox"/> 6.<br><input checked="" type="checkbox"/> 7.<br><br><input checked="" type="checkbox"/> 8.<br><input checked="" type="checkbox"/> 9.<br><input checked="" type="checkbox"/> 10.<br><input checked="" type="checkbox"/> 11.<br><br><input checked="" type="checkbox"/> 12.<br><input checked="" type="checkbox"/> 13.<br><br><input checked="" type="checkbox"/> 14.<br><input checked="" type="checkbox"/> 15.<br><input checked="" type="checkbox"/> 16.<br><input checked="" type="checkbox"/> 17.<br><br><input checked="" type="checkbox"/> 18. | (a)<br>(b)<br>(b)(6)<br>(b)(6)<br>(b)(7)(A)<br>(b)(7)(B)<br><br>(b)(7)(C)<br>(b)(7)(E)<br>(c)(1-4)<br><br><input checked="" type="checkbox"/> (d)(2)(A)<br><input checked="" type="checkbox"/> (d)(2)(B)(C)<br><input checked="" type="checkbox"/> (d)(3)<br><input checked="" type="checkbox"/> (d)(4)(A)<br><input checked="" type="checkbox"/> (d)(4)(B)<br><input checked="" type="checkbox"/> (d)(5)<br><input checked="" type="checkbox"/> (d)(6)<br><input checked="" type="checkbox"/> (d)(6)(C)<br><input checked="" type="checkbox"/> (d)(7)<br>(d)(1)<br><br><input checked="" type="checkbox"/> (f)<br><input checked="" type="checkbox"/> (h)<br>(l)<br>(m)<br>(n)<br>(o)<br><br><input checked="" type="checkbox"/> 3a(e)(1)<br><input checked="" type="checkbox"/> 3a(e)(2)<br><input checked="" type="checkbox"/> 3a(d)(6)(C)<br><input checked="" type="checkbox"/> 3a(e)(3)<br><input checked="" type="checkbox"/> 3a(e)(4)<br><input checked="" type="checkbox"/> 3a(e)(5)<br><input checked="" type="checkbox"/> 3a(e)(6)<br><input checked="" type="checkbox"/> 7a(e)(17)<br><input checked="" type="checkbox"/> 10(g)(8) | Ensuring health & safety of children<br>Overall management of program<br>Employee orientation for new program staff<br>Annual policy training for program staff<br>Child behavior management<br>Documentation that parents were informed of behavior management techniques<br>Child Protection<br>Mandated Reporting<br>Notification of Change<br><u>POLICIES-COMplete/IMPLEMENTED</u><br>Discipline policy<br>Child Protection policy<br>Closing time policy<br>Medical emergency policy<br>Multi-Hazards policy-annual drill<br>Supervision policy<br>General Operating policies<br>Administrative Oversight policy<br>Personnel policies<br>Daily attendance-children/staff- keep 1 yr.<br><u>ACCESS</u><br>Immediate access by parents<br>Immediate access by OEC-facility/records<br>2.8 yr olds in prek-authorization<br>Motor vehicle laws-transportation<br>Capacity<br>Respond to OEC-no false, misleading statements or documents<br><u>POSTINGS</u><br>License posted<br>OEC Complaint Procedure posted<br>Administrative Oversight policy<br>Menus posted<br>No Smoking posted signs at entrances<br>OEC Inspection report posted or available<br>Dev. Milestones posted<br>Radon Test posted<br>Safe Sleep policy posted |
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| <input checked="" type="checkbox"/> 19.<br><input checked="" type="checkbox"/> 20.<br><input checked="" type="checkbox"/> 21.<br><input type="checkbox"/> 21a.<br><input checked="" type="checkbox"/> 22.<br><input checked="" type="checkbox"/> 23.<br><input checked="" type="checkbox"/> 24.<br><input checked="" type="checkbox"/> 25.<br><input checked="" type="checkbox"/> 26.<br><input checked="" type="checkbox"/> 27.<br><br><input checked="" type="checkbox"/> 28.<br><input checked="" type="checkbox"/> 29.<br><br><input checked="" type="checkbox"/> 30.<br><input checked="" type="checkbox"/> 31.<br><input checked="" type="checkbox"/> 32.<br><input checked="" type="checkbox"/> 33.<br><br><input checked="" type="checkbox"/> 34.<br><br><input checked="" type="checkbox"/> 35. | (a)(1)<br>(a)(3)<br>(b)<br>(b)(2)<br>(b)(4)<br>(d)<br>(d)(1)-(e)(2)<br>(d)(2)<br>(d)(3)(A-C)<br><br><input checked="" type="checkbox"/> (d)(4)(A)<br><input checked="" type="checkbox"/> (d)(4)(B)<br><input checked="" type="checkbox"/> (d)(6)<br>(d)(4)(D)<br><br><input checked="" type="checkbox"/> (d)(5)<br><input checked="" type="checkbox"/> (d)(5)(A)<br><input checked="" type="checkbox"/> (d)(5)(B)<br>(e)(1)<br>(f)(1)<br>(f)(2)<br><br><input checked="" type="checkbox"/> (a)(2)<br><input checked="" type="checkbox"/> (h)(1)<br><input checked="" type="checkbox"/> (h)(2)<br><br><input checked="" type="checkbox"/> (4)(C)(ii-v)<br><input checked="" type="checkbox"/> (4)(C)(i)<br><input checked="" type="checkbox"/> (e)(6)<br><input checked="" type="checkbox"/> (e)(6)<br><br><input checked="" type="checkbox"/> (i)(1)(A)-(D)<br><br><input checked="" type="checkbox"/> (i) -<br>(i)(2)(A-H)<br><input checked="" type="checkbox"/> (F)<br><br><input checked="" type="checkbox"/> (i)(2)<br>(H)(i)-(I)(i) | Staff health records<br>Disciplinary actions<br>Comprehensive Background Checks<br>Past employment history<br>Evidence of compliance with bknd cks/history<br>Adequate staffing<br>Designated head teacher-approved-60%<br>Two staff present-age 18 or older<br>Personal qualities of staff<br><u>RATIOS</u><br>Ratio 1:10 - Indoors/Outdoors<br>Mixed age group<br>Nap time ratio<br>Supervision-Indoors/Outdoors<br><u>GROUP SIZE</u><br>Group Size-Indoors/Outdoors<br>Group Size-school age field trips/outdoors<br>Mixed age group-group size<br>Designated director-training<br>CPR certified program staff<br>First aid certified program staff<br><u>PROFESSIONAL DEVELOPMENT</u><br>Documentation of prof. dev/trainings<br>Health & Safety training<br>1% annual hours<br><u>SWIMMING ACTIVITIES - Y/N</u><br>Swimming-Ratios<br>Non-swimmers identified<br>CPR certified staff-age 20 or older<br>Lifeguard-certified-supervising<br><u>CONSULTANTS</u><br>Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)<br>Consultant agreements-signed annually-agreements complete w/required services<br>Consultant logs-documented activities, observations and required services<br>Consultant visits- Education/Health |
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|            | Contracts                           | Logs                                | Visits                              |
|------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Education  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Health     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Soc. Serv. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dietitian  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |



# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

|                     |                                   |                       |                |                           |               |
|---------------------|-----------------------------------|-----------------------|----------------|---------------------------|---------------|
| <b>PROGRAM NAME</b> | <u>The Nest School - Simsbury</u> | <b>LICENSE NUMBER</b> | <u>pending</u> | <b>DATE OF INSPECTION</b> | <u>7.1.25</u> |
|---------------------|-----------------------------------|-----------------------|----------------|---------------------------|---------------|

## RECORD KEEPING 19a-79-5a

|                                     |     |                 |                                              |
|-------------------------------------|-----|-----------------|----------------------------------------------|
| <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"/> |     | (a)(1)(D)(i)    | Emergency medical permission                 |
| <input checked="" type="checkbox"/> |     | (a)(1)(D)(ii)   | Authorized release permission                |
| <input checked="" type="checkbox"/> |     | (a)(1)(D)(iii)  | Field trip permission                        |
| <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"/> | 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>5/16/25</u> (N/A)                                                                                                                                   |
| <input checked="" type="checkbox"/> | 51. | (a)(6)                                  | Kitchen-clean/safe storage of food/supplies(N/A)                                                                                                                               |
| <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 (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"/> (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"/> (d) | <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)                                                        |

## PHYSICAL PLANT 19a-79-7a

|                                     |     |                                                 |                                                                                 |
|-------------------------------------|-----|-------------------------------------------------|---------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 62. | (a)(2)                                          | Fire marshal codes/certificate <u>5/20/25</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          |
| <input checked="" type="checkbox"/> | 67. | (c)(3)                                          | Building/Equipment/Furnishings-sanitary, hazard free (N/A)                      |
| <input checked="" type="checkbox"/> | 68. | (c)(4)                                          | Testing of premises/grounds for chemicals                                       |
| <input checked="" type="checkbox"/> | 69. |                                                 | <u>WATER SUPPLY</u> - Public/Well (Schools-N/A)                                 |
|                                     |     | <input checked="" type="checkbox"/> (c)(5)(A)   | Lead Water Test - Date: <u>4/24/25</u>                                          |
|                                     |     | <input checked="" type="checkbox"/> (c)(5)(B)   | Bact./Chem Test-Date: _____ (N/A)                                               |
|                                     |     | <input checked="" type="checkbox"/> (c)(5)(C)   | Drinking water available/accessible                                             |
| <input checked="" type="checkbox"/> | 70. |                                                 | <u>LEAD PAINT</u> -                                                             |
|                                     |     | <input checked="" type="checkbox"/> (c)(6)(A)   | Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____                 |
|                                     |     | <input checked="" type="checkbox"/> (c)(6)(B-D) | Lead Management Plan <u>n/a</u>                                                 |
|                                     |     | <input checked="" type="checkbox"/>             | Peeling Paint - <u>Y/N</u> Inside/Outside                                       |

## PHYSICAL PLANT 19a-79-7a cont.

|                                     |     |                                                |                                                                                                     |
|-------------------------------------|-----|------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 71. | (d)(1)                                         | Emergency vehicle access                                                                            |
| <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                                                                                      |
| <input checked="" type="checkbox"/> | 75. | (d)(4)                                         | Glass/mirrors protected- 36"                                                                        |
| <input checked="" type="checkbox"/> | 76. | (d)(5)                                         | Overhead doors-locking devices, spring protectors (N/A)                                             |
| <input checked="" type="checkbox"/> | 77. | (d)(6), (f)(3)                                 | Exits, stairs, hallways unobstructed                                                                |
| <input checked="" type="checkbox"/> | 78. | (d)(7)                                         | Individual storage of clothing and bedding                                                          |
| <input checked="" type="checkbox"/> | 79. |                                                | <u>SMOKING</u>                                                                                      |
|                                     |     | <input checked="" type="checkbox"/> (d)(8)     | Smoking, vaping or other electronic nicotine device prohibited on premises/grounds                  |
|                                     |     | <input checked="" type="checkbox"/> (d)(8)     | Matches/lighters inaccessible                                                                       |
| <input checked="" type="checkbox"/> | 81. | (d)(9)                                         | Electrical safety - outlets inaccessible - covered or protected                                     |
| <input checked="" type="checkbox"/> | 82. |                                                | <u>TOILETING</u>                                                                                    |
|                                     |     | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan                                                               |
|                                     |     | <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met                                                                                 |
|                                     |     | <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected                                                        |
|                                     |     | <input checked="" type="checkbox"/> (d)(10)(C) | Required toilets/sinks-1:16                                                                         |
|                                     |     | <input checked="" type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage                                                              |
|                                     |     | <input checked="" type="checkbox"/> (d)(10)(E) | Handwashing staff/children                                                                          |
|                                     |     | <input checked="" type="checkbox"/> (d)(10)(F) | Toilets/sinks located at the facility                                                               |
|                                     |     | <input checked="" type="checkbox"/> (d)(10)(G) | Well lighted/ventilated toilet rooms                                                                |
|                                     |     | <input checked="" type="checkbox"/> (d)(10)(H) | Mechanical ventilation (after 1/1/94) (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"/> (e)(1)     | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall                                     |
|                                     |     | <input checked="" type="checkbox"/> (e)(2)     | Air temp > 80 °F - ↑ fluids/ventilation                                                             |
|                                     |     | (e)(3)                                         | Water temperature 60°F-120°F                                                                        |
|                                     |     | (e)(4)                                         | Portable space heaters prohibited                                                                   |
|                                     |     | <input checked="" type="checkbox"/> (e)(5)     | <u>WALLS/CEILINGS/FLOORS/RUGS</u>                                                                   |
|                                     |     | <input checked="" type="checkbox"/> (e)(5)     | Walls/ceilings/floors/rugs-clean/good repair                                                        |
|                                     |     | (e)(6)                                         | Rugs- not a tripping/slipping hazard                                                                |
|                                     |     | <input checked="" type="checkbox"/> (e)(7)     | Hot water/Steam pipes protected                                                                     |
|                                     |     | <input checked="" type="checkbox"/> (e)(7)     | <u>TELEPHONE/TELEPHONE NUMBERS</u>                                                                  |
|                                     |     | <input checked="" type="checkbox"/> (e)(7)     | Working phone on each level                                                                         |
|                                     |     | <input checked="" type="checkbox"/> (e)(7)     | Emergency numbers posted-adjacent to phones                                                         |
|                                     |     | <input checked="" type="checkbox"/> (e)(7)     | Parents provided direct on site phone number                                                        |
|                                     |     | <input checked="" type="checkbox"/> (e)(8)     | <u>LIGHTING</u>                                                                                     |
|                                     |     | <input checked="" type="checkbox"/> (e)(9)     | All areas min. 1 foot candle of lighting                                                            |
|                                     |     | <input checked="" type="checkbox"/> (e)(9)     | Adequate lighting-30/50 candle feet-sufficient lighting to be visible                               |
|                                     |     | <input checked="" type="checkbox"/> (e)(9)     | Enough lighting for comfort                                                                         |
|                                     |     | <input checked="" type="checkbox"/> (e)(10)    | Light fixtures shielded/shatter proof                                                               |
|                                     |     | <input checked="" type="checkbox"/> (e)(11)    | Potentially hazardous substances, materials labeled, inaccessible                                   |
|                                     |     | <input checked="" type="checkbox"/> (e)(12)    | Garbage/rubbish-disposed of daily, containers in good repair                                        |
|                                     |     | <input checked="" type="checkbox"/> (e)(13)    | Stairs-protected/good repair-handrails                                                              |
|                                     |     | <input checked="" type="checkbox"/> (e)(14-15) | Toxic plants/materials inaccessible                                                                 |
|                                     |     | <input checked="" type="checkbox"/> (e)(16)    | Pets or other animals-in good health, written care plan including access to children                |
|                                     |     | <input checked="" type="checkbox"/> (e)(17)    | Measures to prevent vermin                                                                          |
|                                     |     | <input checked="" type="checkbox"/> (e)(18)    | Radon test- Results: <u>.3</u> (Schls-N/A)                                                          |
|                                     |     | <input checked="" type="checkbox"/> (f)(1)(A)  | Carbon monoxide detector-each level N/A                                                             |
|                                     |     | <input checked="" type="checkbox"/> (g)(1)     | Program space-adequate-35 sq. ft. per child                                                         |
|                                     |     | <input checked="" type="checkbox"/> (g)(2)     | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust |
|                                     |     | <input checked="" type="checkbox"/> (g)(3)     | Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)                        |
|                                     |     | <input checked="" type="checkbox"/> (g)(4)     | Air conditioners/water heaters/fuse boxes inaccessible                                              |
|                                     |     | <input checked="" type="checkbox"/> (g)(4)     | Developmentally app equipment, materials                                                            |



# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

|                                                                                 |                                               |                                                                                                                                                                                                                                                                                  |                                                                                |                                                  |                                                                                                                          |
|---------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>PROGRAM NAME</b>                                                             | The Nest School-Simsbury                      | <b>LICENSE NUMBER</b>                                                                                                                                                                                                                                                            | pending                                                                        | <b>DATE OF INSPECTION</b>                        | 7.1.25                                                                                                                   |
| <b>PHYSICAL PLANT 19a-79-7a cont.</b>                                           |                                               |                                                                                                                                                                                                                                                                                  | <b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>                                 |                                                  |                                                                                                                          |
| <input checked="" type="checkbox"/> 108.                                        | (g)(5)                                        | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls                                                                                                                                                                                                | <input checked="" type="checkbox"/> 128.                                       | <input checked="" type="checkbox"/> (e)(2)       | <u>DIAPERING cont.</u><br>Diaper area: used only for this purpose, located in the program area                           |
| <input checked="" type="checkbox"/> 109.                                        | (g)(6)                                        | Indoor climbing play equipment-shock absorbing materials under and around                                                                                                                                                                                                        |                                                                                | <input checked="" type="checkbox"/> (e)(3)       | Diaper area: non-porous surface/good repair                                                                              |
| <input checked="" type="checkbox"/> 110.                                        | (j)                                           | No weapons/no facsimile of a firearm                                                                                                                                                                                                                                             |                                                                                | <input checked="" type="checkbox"/> (e)(4)       | Diaper area: washed/disinfected after use                                                                                |
| <input checked="" type="checkbox"/> 111.                                        |                                               | <u>OUTDOOR SPACE</u>                                                                                                                                                                                                                                                             |                                                                                | <input checked="" type="checkbox"/> (e)(5)       | Diaper area: disposable paper sheets                                                                                     |
|                                                                                 | <input checked="" type="checkbox"/> (h)(1)    | Adequate space- 75 sq. ft. per child                                                                                                                                                                                                                                             |                                                                                | <input checked="" type="checkbox"/> (e)(6-9)     | Covered waste receptacle-removed daily                                                                                   |
|                                                                                 | <input checked="" type="checkbox"/> (h)(2)    | Shock absorbing surfaces-minimum 8"                                                                                                                                                                                                                                              |                                                                                | <input checked="" type="checkbox"/> (e)(7)       | Handwashing-staff/children                                                                                               |
|                                                                                 | <input checked="" type="checkbox"/> (h)(3)    | Playground free from hazards                                                                                                                                                                                                                                                     |                                                                                | <input checked="" type="checkbox"/> (e)(8)       | Diapering-Handwashing policies-posted/followed                                                                           |
|                                                                                 | <input checked="" type="checkbox"/> (h)(4)    | Nuts, bolts, screws-tight, covered/protected                                                                                                                                                                                                                                     |                                                                                | <input checked="" type="checkbox"/> (e)(10)(A-C) | Cloth diapers-written plan developed                                                                                     |
|                                                                                 | <input checked="" type="checkbox"/> (h)(5)    | Outside equipment anchored-anchors buried                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> 129.                                       | <input checked="" type="checkbox"/> (f)(1)       | <u>LINENS/CLOTHING</u>                                                                                                   |
|                                                                                 | <input checked="" type="checkbox"/> (h)(6)    | New equip- cert playg. Inspection upon request                                                                                                                                                                                                                                   |                                                                                | <input checked="" type="checkbox"/> (f)(2)       | Linens/emergency clothing available                                                                                      |
|                                                                                 | <input checked="" type="checkbox"/> (h)(8)    | Drinking water available/accessible                                                                                                                                                                                                                                              |                                                                                | <input checked="" type="checkbox"/> (f)(3)       | Linens washed weekly or as needed                                                                                        |
|                                                                                 | <input checked="" type="checkbox"/> (h)(9)    | Equipment arranged for safety-equip/fences/structures not hazardous                                                                                                                                                                                                              |                                                                                | <input checked="" type="checkbox"/> (f)(4)       | Linens/clothing stored individually                                                                                      |
| <input checked="" type="checkbox"/> 112.                                        |                                               | <u>OUTDOOR PROTECTED/FENCED</u>                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> 130.                                       | <input checked="" type="checkbox"/> (g)(1)       | Cribs/cots cleaned-linens changed when shared                                                                            |
|                                                                                 | <input checked="" type="checkbox"/> (h)(7)    | Playground protected from traffic, water, gullies or other hazards                                                                                                                                                                                                               |                                                                                | <input checked="" type="checkbox"/> (g)(1)       | <u>SAFE SLEEP</u>                                                                                                        |
|                                                                                 | <input checked="" type="checkbox"/> (h)(7)(A) | Fences installed to protect from hazards-4 ft                                                                                                                                                                                                                                    |                                                                                | <input checked="" type="checkbox"/> (g)(1)       | Under 12 mths placed on back for sleeping                                                                                |
|                                                                                 | <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"/> (g)(2)       | Crib-snug fitting mattress/tightly fitted sheet                                                                          |
|                                                                                 | <input checked="" type="checkbox"/> (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier (N/A)                                                                                                                                                                                                                                      |                                                                                | <input checked="" type="checkbox"/> (g)(3)       | Alternate sleep position/equipment-medical documentation for medical reason on file                                      |
| <input checked="" type="checkbox"/> 114.                                        |                                               | <u>WATER HAZARDS</u>                                                                                                                                                                                                                                                             |                                                                                | <input checked="" type="checkbox"/> (g)(4)       | Infants allowed to adopt other sleep positions                                                                           |
|                                                                                 | <input checked="" type="checkbox"/> (i)       | Pools, swimming areas- (N/A)                                                                                                                                                                                                                                                     |                                                                                | <input checked="" type="checkbox"/> (g)(5)       | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles                               |
|                                                                                 | <input checked="" type="checkbox"/> (i)       | conforms to 19-13-B33b and 19a-36-B61                                                                                                                                                                                                                                            |                                                                                | <input checked="" type="checkbox"/> (g)(6)       | No unapproved sleeping-car seats/swings/beds, etc.                                                                       |
|                                                                                 | <input checked="" type="checkbox"/> (i)       | Wading pools prohibited                                                                                                                                                                                                                                                          |                                                                                | <input checked="" type="checkbox"/> (g)(7)       | No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes                                          |
|                                                                                 | <input checked="" type="checkbox"/> (i)       | Hot tubs/spas/saunas-locked/inaccessible (N/A)                                                                                                                                                                                                                                   |                                                                                | <input checked="" type="checkbox"/> (g)(8)       | Observe/assess infants at least every 15 minutes                                                                         |
| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>                                       |                                               |                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> 131.                                       | <input checked="" type="checkbox"/> (h)(1)       | Teething necklaces/bracelets, jewelry inaccessible                                                                       |
| <input checked="" type="checkbox"/> 115.                                        | (a)                                           | Written daily/weekly educational plan - developmentally appropriate- available to staff/parents                                                                                                                                                                                  |                                                                                | <input checked="" type="checkbox"/> (h)(1)       | Safe sleep policies - parents informed                                                                                   |
| <input checked="" type="checkbox"/> 116.                                        | (a)                                           | <u>EDUCATIONAL REQUIREMENTS</u>                                                                                                                                                                                                                                                  |                                                                                | <input checked="" type="checkbox"/> (h)(2)       | <u>TOYS AND OTHER OBJECTS</u>                                                                                            |
|                                                                                 | <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, moderate and vigorous physical activity that takes place outdoors | <input checked="" type="checkbox"/> 135.                                       | <input checked="" type="checkbox"/> (h)(2)       | Infant toys-separate/washed/sanitized daily                                                                              |
|                                                                                 | <input checked="" type="checkbox"/> (b)       | Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes                                                                                                                             | <input checked="" type="checkbox"/> 136.                                       | <input checked="" type="checkbox"/> (i)(1)(2A-C) | Toddler toys-washed/sanitized weekly                                                                                     |
|                                                                                 |                                               |                                                                                                                                                                                                                                                                                  |                                                                                | <input checked="" type="checkbox"/> (j)          | No toys/objects less than 1 1/4 " diameter                                                                               |
|                                                                                 |                                               |                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> 137.                                       | <input checked="" type="checkbox"/> (k)(1)       | Plastic bags/balloons/styrofoam inaccessible unless under direct supervision                                             |
|                                                                                 |                                               |                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> 138.                                       | <input checked="" type="checkbox"/> (k)(2)       | Health consultant visits/documentation                                                                                   |
|                                                                                 |                                               |                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> 139.                                       | <input checked="" type="checkbox"/> (k)(3)       | <u>FEEDING</u>                                                                                                           |
|                                                                                 |                                               |                                                                                                                                                                                                                                                                                  |                                                                                | <input checked="" type="checkbox"/> (k)(4)       | Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle                                |
|                                                                                 |                                               |                                                                                                                                                                                                                                                                                  |                                                                                | <input checked="" type="checkbox"/> (k)(5)       | Written feeding schedule from parent-updated                                                                             |
|                                                                                 |                                               |                                                                                                                                                                                                                                                                                  |                                                                                | <input checked="" type="checkbox"/> (l)(1)       | Unused formula/milk discarded after feedings                                                                             |
|                                                                                 |                                               |                                                                                                                                                                                                                                                                                  |                                                                                | <input checked="" type="checkbox"/> (l)(2)       | Clean bottles/disposable bottles/appvd washing                                                                           |
|                                                                                 |                                               |                                                                                                                                                                                                                                                                                  |                                                                                | <input checked="" type="checkbox"/> (l)(3)       | 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                                |
| <b>UNDER THREE ENDORSEMENT 19a-79-10</b> <span style="float: right;">Y/N</span> |                                               |                                                                                                                                                                                                                                                                                  | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <span style="float: right;">Y/N</span> |                                                  |                                                                                                                          |
| <input checked="" type="checkbox"/> 117.                                        | (b)                                           | Approved Under 3 Endorsement                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> 140.                                       | (b)                                              | Approved Schl Age Endorsement                                                                                            |
| <input checked="" type="checkbox"/> 118.                                        | (c)(2)                                        | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> 141.                                       | <input checked="" type="checkbox"/> (c)          | <u>SCHEDULE - ACTIVITIES</u>                                                                                             |
| <input checked="" type="checkbox"/> 119.                                        | (c)(3)                                        | Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)                                                                                                                                                                                                                 |                                                                                | <input checked="" type="checkbox"/> (c)(1)       | Written daily program plan-flexible schedule- available to staff/parents                                                 |
| <input checked="" type="checkbox"/> 120.                                        | (c)(4)                                        | Physical barriers separating each group of children- indoors/outdoors                                                                                                                                                                                                            |                                                                                | <input checked="" type="checkbox"/> (c)(2)       | Activities not a duplication of child's day                                                                              |
| <input checked="" type="checkbox"/> 121.                                        | (d)(1)(A-C)                                   | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep                                                                                                                                                                                           |                                                                                | <input checked="" type="checkbox"/> (c)(3)       | Activities include cognitive, physical, social, emotional needs of the children                                          |
| <input checked="" type="checkbox"/> 122.                                        | (d)(2)(Ai-iii)                                | Cribs/Pack-n-Plays -in compliance w/CPSC                                                                                                                                                                                                                                         |                                                                                |                                                  | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| <input checked="" type="checkbox"/> 123.                                        | (d)(2)(B)                                     | Washable cots                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> 143.                                       | (d)                                              | Ratio- 1:15                                                                                                              |
| <input checked="" type="checkbox"/> 124.                                        | (d)(2)(C)                                     | Chairs for feeding-stable base-safety straps-locking tray                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> 144.                                       | (e)                                              | Group size- max. 30                                                                                                      |
| <input checked="" type="checkbox"/> 125.                                        | (d)(2)(D)                                     | Dev. appropriate tables/chairs/equipment                                                                                                                                                                                                                                         |                                                                                |                                                  |                                                                                                                          |
| <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.                                        |                                               | <u>DIAPERING</u>                                                                                                                                                                                                                                                                 |                                                                                |                                                  |                                                                                                                          |
|                                                                                 | <input type="checkbox"/> (e)(1)               | Diaper area: elevated/sturdy/safety rail                                                                                                                                                                                                                                         |                                                                                |                                                  |                                                                                                                          |



# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

|                                                              |      |                                                 |                                                                                              |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|--------------------------------------------------------------|------|-------------------------------------------------|----------------------------------------------------------------------------------------------|----------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|--------|--|
| PROGRAM NAME                                                 |      | The Nest School - Simsbury                      |                                                                                              | LICENSE NUMBER |  | pending                                                                                                                                                                                                                    |  | DATE OF INSPECTION |  | 7.1.25 |  |
| SCHOOL AGE ENDORSEMENT 19a-79-11                             |      |                                                 |                                                                                              |                |  | MONITORING OF DIABETES 19a-79-13                                                                                                                                                                                           |  |                    |  |        |  |
| Y/N                                                          |      |                                                 |                                                                                              |                |  | Y/N                                                                                                                                                                                                                        |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 145. | (f)                                             | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent        |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 146. | (g)                                             | Designated Head teacher approved- 60%                                                        |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N              |      |                                                 |                                                                                              |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| Y/N                                                          |      |                                                 |                                                                                              |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input type="checkbox"/>                                     | 147. | (b)                                             | Approved Night Care Endorsement                                                              |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input type="checkbox"/>                                     | 148. | (b)(1)                                          | Person in charge-head teacher                                                                |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input type="checkbox"/>                                     | 149. | (b)(2)                                          | Written plan for program activities- meet individual needs, sleep patterns, quiet activities |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input type="checkbox"/>                                     | 150. | (b)(3)                                          | Written plan for supervision including cot placement and evacuation                          |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input type="checkbox"/>                                     | 151. | (b)(4)                                          | Children in care no more than 12 hrs. in 24                                                  |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input type="checkbox"/>                                     | 152. | (b)(5)                                          | Staff awake and available                                                                    |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input type="checkbox"/>                                     | 153. |                                                 | SLEEP PROVISIONS                                                                             |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input type="checkbox"/> (b)(6)                 | Individual cot/crib with bedding                                                             |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input type="checkbox"/> (b)(6)(A)              | Sleeping apparel/toiletries labeled                                                          |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input type="checkbox"/> (b)(6)(B)              | Required bedding                                                                             |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input type="checkbox"/> (b)(6)(C)              | Required toiletries                                                                          |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input type="checkbox"/> (b)(6)(D)              | Bedding/sleeping apparel laundered weekly                                                    |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input type="checkbox"/> (b)(7)                 | Sleep arrangements for infants                                                               |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input type="checkbox"/>                                     | 154. | (b)(8)                                          | Air temp 65 °F at 3 ft                                                                       |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input type="checkbox"/>                                     | 155. | (b)(9)                                          | Fire marshal approval-hours specified                                                        |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input type="checkbox"/>                                     | 156. | (b)(10)                                         | Local health approval                                                                        |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| ADMINISTRATION OF MEDICATIONS 19a-79-9a                      |      |                                                 |                                                                                              |                |  | ADDITIONAL VIOLATION                                                                                                                                                                                                       |  |                    |  |        |  |
| Y/N                                                          |      |                                                 |                                                                                              |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 157. | (9a)                                            | Written medication policies/procedures                                                       |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 158. | (9a)                                            | Permit enrollment of children with asthma, allergies, diabetes                               |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 159. |                                                 | NONPRESC. TOPICAL MEDICATION                                                                 |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input checked="" type="checkbox"/> (a)(2)      | Admin/Parent permission/report errors                                                        |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input checked="" type="checkbox"/> (a)(3)(A-B) | Labeling and Storage                                                                         |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input checked="" type="checkbox"/> (a)(3)(C)   | Unused/expired meds destroyed/returned                                                       |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 160. |                                                 | MEDICATION TRAINING                                                                          |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input checked="" type="checkbox"/> (b)(1)(A/C) | Medication training-general-oral/top/inhalant                                                |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input checked="" type="checkbox"/> (b)(1)(D)   | Injectable premeasured autoinjector medication                                               |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input checked="" type="checkbox"/> (b)(1)(E)   | Rectal medication                                                                            |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input checked="" type="checkbox"/> (b)(1)(F)   | Injectable other than premeasured auto-injector                                              |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input checked="" type="checkbox"/> (b)(2)(A-B) | Training approval documents/certificates                                                     |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
|                                                              |      | <input checked="" type="checkbox"/> (b)(2)(C)   | Training outline on file                                                                     |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 161. | (b)(3)(A-B)                                     | Authorized prescriber/parent permission                                                      |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 162. | (b)(3)(D)                                       | Medication errors- documentation, parent(s) and OEC notification                             |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 163. | (b)(4)(A-B)                                     | Medication Administration Records (MAR)                                                      |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 164. | (b)(5)(A-B)                                     | Labeling and Storage                                                                         |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 165. | (b)(5)(C)                                       | Emergency medication inaccessible                                                            |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 166. | (b)(5)(D)                                       | Unused/Expired meds-destroyed/returned                                                       |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 167. | (b)(5)(E)                                       | Auto-injector/inhalant equipment                                                             |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 168. | (b)(6)                                          | Self-administration documentation                                                            |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 169. | (b)(7)(A-B)                                     | Petition for special medication authorization                                                |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| <input checked="" type="checkbox"/>                          | 170. | (d)                                             | Potassium Iodide (KI) emergency distribution-permission and storage (N/A)                    |                |  |                                                                                                                                                                                                                            |  |                    |  |        |  |
| Signature of OEC staff                                       |      |                                                 |                                                                                              |                |  | Signature of person in charge                                                                                                                                                                                              |  |                    |  |        |  |
| Betty Mayer                                                  |      |                                                 |                                                                                              |                |  | T. Thompson                                                                                                                                                                                                                |  |                    |  |        |  |
| Printed Name                                                 |      |                                                 |                                                                                              |                |  | Printed Name                                                                                                                                                                                                               |  |                    |  |        |  |
| Betty Mayer                                                  |      |                                                 |                                                                                              |                |  | T. Thompson                                                                                                                                                                                                                |  |                    |  |        |  |
| OEC DIVISION OF LICENSING                                    |      |                                                 |                                                                                              |                |  | Inspection shall be posted or available for review upon request.                                                                                                                                                           |  |                    |  |        |  |
| 450 Columbus Blvd, Suite 302, Hartford, CT 06103             |      |                                                 |                                                                                              |                |  | Written Corrective Action Plan                                                                                                                                                                                             |  |                    |  |        |  |
| Help Desk: (800)282-6063 or (860)500-4450                    |      |                                                 |                                                                                              |                |  | Due by:                                                                                                                                                                                                                    |  |                    |  |        |  |
| Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov |      |                                                 |                                                                                              |                |  | prior to licensure                                                                                                                                                                                                         |  |                    |  |        |  |
|                                                              |      |                                                 |                                                                                              |                |  | 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> |  |                    |  |        |  |



## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest-Simsbury License # pending Date: 7.1.25

Observations/Corrections needed:

Hummingbirds A counter

$$24.59 \times 16.14 - (2.07 \times 5.67) - (1.48 \times 1.35) = 383.14/35 = 10.94$$

OK 8

Hummingbirds B counter fridge

$$24.57 \times 16.09 - (2.07 \times 5.67) - (1.48 \times 1.35) = 381.59/35 = 10.9$$

OK 8

Hummingbirds C counter

$$24.57 \times 16.06 - (2.07 \times 5.67) - (1.48 \times 1.35) = 380.85/35 = 10.8$$

OK 8

Ducklings A bathroom

$$30.00 \times 15.97 - (5.66 \times 12.51) - (2.07 \times 5.69) = 396.51/35 = 11.32$$

OK 8

Ducklings B bathroom counter

$$24.45 \times 15.73 - (2.84 \times 6.91) - (2.07 \times 5.69) = 353.19/35 = 10.09$$

OK 8

Ducklings C bathroom counter

$$24.49 \times 15.73 - (2.82 \times 6.94) - (2.07 \times 5.69) = 353.87/35 = 10.11$$

OK 8

Ducklings D bathroom counter

$$24.41 \times 17.62 - (8.89 \times 8.21) - (2.07 \times 5.69) = 345.33/35 = 9.86$$

OK 8

Cardinals E bathroom

$$24.42 \times 17.43 - (4.89 \times 8.20) - (2.07 \times 5.69) = 373.76/35 = 10.6$$

OK 10  
twos or  
8 under  
two

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer  
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: T. Tomlinson  
(Person in Charge)

OEC BY: \_\_\_\_\_

Print Name: T. Tomlinson

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest - Simsbury License # pending Date: 7.1.25

Observations/Corrections needed:

Cardinals D

$$24.49 \times 17.42 - (2.75 \times 6.93) - (2.07 \times 5.69) = 395.78 / 35 = 11.30$$

OK 10 TWO'S or 8 under TWO

Cardinals C

$$24.41 \times 17.43 - (2.82 \times 6.94) - (2.07 \times 5.69) = 394.11 / 35 = 11.26$$

OK 10 TWO'S or 8 under TWO

Cardinals B

$$24.44 \times 17.43 - (2.85 \times 6.94) - (2.07 \times 5.69) = 394.43 / 35 = 11.26$$

OK 10 TWO'S or 8 under TWO

Cardinals A

$$24.43 \times 17.48 - (2.83 \times 6.9) - (2.07 \times 5.69) = 395.73 / 35 = 11.30$$

OK 10 TWO'S or 8 under TWO

Penguins A (over three)

$$36.44 \times 26.39 - (4.87 \times 9.54) - (2.07 \times 5.69) = 903.41 / 35 = 25.81$$

OK 25

Penguins B (over three)

$$36.45 \times 26.75 - (4.85 \times 9.56) - (2.07 \times 5.69) = 870.52 / 35 = 24.87$$

OK 24

Penguins C (over three)

$$36.43 \times 24.44 - (4.82 \times 9.54) - (2.07 \times 5.69) = 832.58 / 35 = 23.78$$

OK 23

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer  
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: T. Tomlinson  
(Person in Charge)OEC BY: prior to licensurePrint Name: T. Tomlinson



## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest Simsbury License # pending Date: 7.1.25

Observations/Corrections needed:

Preschool 1

$$25.6 \times 92.6 = 2,370.56 / 75 = 31.60 \quad \boxed{OK 31}$$

Preschool 2

$$70 \times 51.4 = 3,598 / 75 = 47.97 \quad \boxed{OK 47}$$

Preschool 3

$$70 \times 55.4 = 3,878 / 75 = 51.70 \quad \boxed{OK 51}$$

Toilets: 23Sinks: 45Total license capacity: 247 with 106 under 3Items NOT in compliance:

#98(c)(13) observed several plants around playgrounds. No documentation available to state if plants are toxic and safe for children.

#108(g)(5) manufacturer's guidelines not observed for outdoor climber on PS 3 playground.

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## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nest - Simsbury License # pending Date: 7.1.25

Observations/Corrections needed:

Pelicans (over three)

$$36.42 \times 24.41 - (9.57 \times 4.81) - (8.04 \times 18.63) - (2.07 \times 5.69) = 761.81/35$$

bathroom                      wall

$$= 21.76$$

OK 20  
per program  
requestRobbins B (over three)

counter

$$36.43 \times 26.77 - (4.88 \times 9.57)(2) - (2.07 \times 5.69) = 870.04/35 = 24.85$$

bath

OK 24

Robbins A (over three)

counter

$$36.43 \times 26.37 - (9.55 \times 4.86) - (2.07 \times 5.69) = 902.20/35 = 25.77$$

OK 25

★ Outdoor Space ★

Infant 1

Toddler 4

$$25 \times 29.2 = 730/75 = 9.73$$

OK 8

$$25.6 \times 41.2 = 1,054.72/75 = 14.06$$

OK 10 or 8

Infant 2

$$25 \times 29.2 = 730/75 = 9.73$$

OK 8

Toddler 5

Infant 3

$$25.6 \times 41.2 = 1,054/75 = 14.06$$

$$25 \times 29.2 = 730/75 = 9.73$$

OK 8

OK 10 or 8

Toddler 1

Toddler 6

$$38 \times 29 = 1,102/75 = 14.69$$

OK 10 or 8

$$25.6 \times 41.6 = 1,064/75 = 14.1$$

OK 10 or 8

Toddler 2

$$36.6 \times 29 = 1,061.4/75 = 14.15$$

OK 10 or 8

Toddler 3

$$35.3 \times 29 = 1,023.7/75 = 13.64$$

OK 10 or 8

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