



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 INVESTIGATION**

Program Name	THE NEST SCHOOL, HAMDEN				License Number	DCCC.70828		Date of Inspection	05/05/2026		
					Expiration Date	4/30/2029		Time of Inspection	09:30 AM		
Address	1315 DIXWELL AVE HAMDEN CT 06514-4136				Telephone	(475) 447-1740		Licensed Capacity	133		
					Hours of Operation	7:00 AM - 6:00 PM		Under Three Capacity	64		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 - 12 weeks - years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	hamden@thenestschool.com					
Operator	THE NEST SCHOOLS, INC.				Director	ROSEANN WILDER					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Karen Kellerman					
Numbers of Staff/Children Present	# Children Present under age 3	40	# Total Children Present	87	# of Staff Present	19	Purpose of Visit	Inspection for complaint 2026-405			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:	[19a-79-3a(b)(7)(A)]	006-Child behavior management
--	----------------------	-------------------------------

Program not in compliance with ensuring child behavior management is developmentally appropriate practice when observed on video of staff inappropriately dropping the child hard, on the ground, to put the child in the relaxation area.

Statute and/or Regulation and Description:	
--	--

Statute and/or Regulation and Description:	
--	--

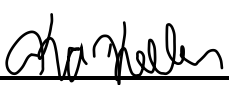
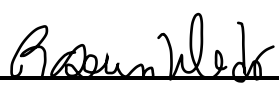
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	


Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Obtained: witness statement, Discipline Policies, and termination confirmation of staff.

Were Violations cited during this visit? Y or N?	Yes	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
--	------------	--

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Karen Kellerman	Roseann wilder	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by: 05/19/2026	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
---	---	---

OEC Representative's Email: karen.kellerman@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
---	--