



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 FOLLOW UP – PARTIAL INSPECTION

Program Name	THE NATURE NEST					License Number	DCCC		Date of Inspection	05/15/2026	
						Expiration Date		Time of Inspection	02:14 PM		
Address	166 ALBANY TPKE STE 3 CANTON CT 06019-2546					Telephone	(860) 999-1148		Licensed Capacity	16	
						Hours of Operation	9:00 AM – 3:00 PM		Under Three Capacity	0	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 – 5 years	
New Address						Night Hours	No	Summer Hours	Closed	Weekend Hours	No
						Program's Email	naturenestct@gmail.com				
Operator	THE NATURE NEST PRESCHOOL LLC					Director	RACHEL GALLE BOLTSEERIDGE				
Endorsements	Pre-School					Name of Inspector	Betty Mayer				
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	0	# of Staff Present	1	Purpose of Visit	Follow up for playground fencing and lighting			

REGULATIONS NOT IN COMPLIANCE

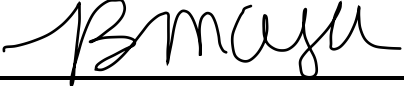
Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-7a(e)(7-9)] 094- Lighting
Statute and/or Regulation and Description:	[19a-79-7a(h)(7)-(A-C)] 112- Outdoor Protected/Fenced

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			
Were Violations cited during this visit? Y or N?	No	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	Betty Mayer		 Rachel Boltseridge
2 nd OEC Representative			APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> a license has been issued by the Agency. THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.
Printed Name			
		Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: cec.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: elizabeth.mayer@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	