

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Toddler Town Learning Center Date: 2/7/25 Time: 9:00

Location Address: 835 Wolcott St- Ste 7A Waterbury Telephone #: 203 753-0728

e-mail address: info.toddertownllc@gmail.com License #: 70746 Expiration Date: 2/29/28

Capacity: 75/55 # of Children Present: 35/26 # of Staff Present: 11

Consent to Inspect Family Child Care Home	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow-up for investigation 2025-87

Observations/Corrections needed:

NS 19a-79-10(c)(2) Under 3 ratios - operator in compliance at time of visit.

NS 19a-79-10(g)(4) Sleep in crib only - operator in compliance at time of visit.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

Signature: [Signature]
(Person in Charge)
Print Name: Steph Martner Strick