



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	GIGGLE-N-GROW DEVELOPMENT GROUP					License Number	DCCC.16339		Date of Inspection	08/27/2025	
						Expiration Date	2/28/2029		Time of Inspection	01:41 PM	
Address	105 WATERBURY RD PROSPECT CT 06712-1233					Telephone	(203) 758-7849		Licensed Capacity	31	
						Hours of Operation	7:30 AM – 5:30 PM		Under Three Capacity	16	
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	gng7849@gmail.com				
Operator	GIGGLE-N-GROW DEVELOPMENT GROUP LLC					Director	CARISA REK				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Jenn Schulz				
Numbers of Staff/Children Present	# Children Present under age 3	10	# Total Children Present	21	# of Staff Present	5	Purpose of Visit	Safe sleep and ratio follow up inspection			

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-79-3a(a)] 002-Ensuring the safety & health of children
Statute and/or Regulation and Description:	[19a-79-10(c)(2)] 118- Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)

Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)]	130- Safe Sleep	
Statute and/or Regulation and Description:	[19a-79-11(e)]	144- Group size- max. 30	
Statute and/or Regulation and Description:			
Statute and/or Regulation and Description:			
DISCUSSIONS/COMMENTS			
Follow up conducted for safe sleep, ratio and ebsauring safety health and development			
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	Jenn Schulz	Carisa Rek	Printed Name
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.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	
		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: oc.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: jennifer.schulz@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	