



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	TINY SPROUTS PLAYHOUSE				License Number	DCCC.70718		Date of Inspection	12/10/2025	
					Expiration Date	7/31/2027		Time of Inspection	10:45 AM	
Address	57 LAFAYETTE ST NORWICH CT 06360-3460				Telephone	(860) 222-8691		Licensed Capacity	48	
					Hours of Operation	6:00 AM - 5:30 PM		Under Three Capacity	40	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sat		Ages Served	6 weeks - 5 years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	Yes
					Program's Email	tinysproutsplayhouse@gmail.com				
Operator	TINY SPROUTS PLAYHOUSE LLC				Director	NOELANI MELEAH JACKSON				
Endorsements	Pre-School, Under Three				Name of Inspector	Dianna Wassenhove				
Numbers of Staff/Children Present	# Children Present under age 3	22	# Total Children Present	29	# of Staff Present	11	Purpose of Visit	Investigation 2025-1324 Follow Up safe sleep		

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:


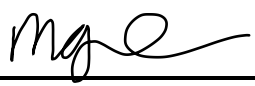
Statute and/or Regulation and Description:


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Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)] Not Substantiated
	130- Safe Sleep Program was in compliance with safe sleep during visit.
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

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.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Dianna Wassenhove	Mallory Gastiger	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:	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
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OEC Representative's Email: dianna.wassenhove@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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