



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	TINY SPROUTS PLAYHOUSE				License Number	DCCC.70718		Date of Inspection	03/09/2026		
					Expiration Date	7/31/2027		Time of Inspection	09:37 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 – 5 weeks – 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	17	# Total Children Present	25	# of Staff Present	7	Purpose of Visit	Partial Inspection for Safe sleep			

REGULATIONS NOT IN COMPLIANCE

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

No violations were cited during this inspection

Statute and/or Regulation and Description:

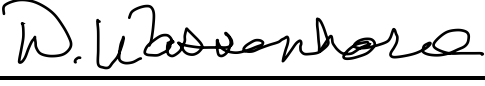

Statute and/or Regulation and Description:

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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)] 130- Safe Sleep
The regulation regarding safe sleep was found to be in compliance during this visit. All infants were properly resting or playing.	
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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