



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	SPROUTS NURSERY PLAY SCHOOL MONTESSORI				License Number	DCCC.70820		Date of Inspection	05/05/2026		
					Expiration Date	2/28/2029		Time of Inspection	07:56 AM		
Address	3442 FAIRFIELD AVE BRIDGEPORT CT 06605-3226				Telephone	(475) 319-1644		Licensed Capacity	48		
					Hours of Operation	8:00 AM – 5:00 PM		Under Three Capacity	10		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	2 – 6 years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	odettecharlery@gmail.com					
Operator	SPROUTS NURSERY PLAYSCHOOL LLC				Director	SARAH KIRKHAM					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Kristi Morgan					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	1	# of Staff Present	2	Purpose of Visit	Follow up on having 2 people on site for partial inspection 2026-1680 from case 2026-11			

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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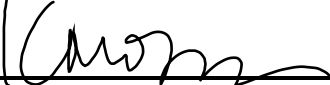

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-4a(d)(2)] 025- Two staff present - age 18 or older
The regulation regarding two staff present was found to be in compliance during this 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	Kristi Morgan	Kirby Charlery	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: kristi.morgan@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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