

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

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**Connecticut Office of Early Childhood
Division of Licensing**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Toddler Town Learning Center Date: 6/25/26 Time: 9:40
Location Address: 835 Wolcott St., Suite 7A, Waterbury Telephone #: 203 753-0728
e-mail address: team.toddertown@gmail.com License #: 70746 Expiration Date: 2/29/28
Capacity: 75/55 # of Children Present: 52/30 # of Staff Present: 13

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Consent Order Monitoring Visit #1

Observations/Corrections needed:

- NS Condition 8a - Program has contacted and contracted with C&IS.
- NS Condition 8b - Policies are under development and some implemented
- NS Condition 8c - Observed documentation of C&IS visits. Logs developed.
- NS Condition 9a - Program has contracted with an ed. consultant
- 9b - with expanded role as interim head teacher.
- 9c - Interim plan was submitted to licensing specialist.
- NS Condition 10 - Interim plan for head teacher has been submitted to OEC.
- NS Condition 11a - Reviewed head teacher requirement for this
- 11b - consent order. Active advertisement on
- 11c - social media. Will inform OEC of new hire. Attendance logged on timecards
- NS Condition 12a - Administration wrote statement indicating
- 12b - understanding 7 days to submit any required CAPs.

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: _____
(Person in Charge)
Print Name: Steffi Martinez Frías

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Toddler Town Learning Center License # 70746 Date: 6/25/26

Observations/Corrections needed:

NS Condition 13a Admin understands the requirement to notify
13b agency of changes to core personnel and to
submit an interim head teacher plan with the
change (if necessary)

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

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: N/A

Signature: [Signature]
(Person in Charge)
Print Name: Steffi Martinez Frias