

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: my little rascals TOO Date: 8/11/21 Time: 12:30

Location Address: 1850 West Street Southington Telephone #: 800 426 9933

e-mail address: mylittle rascals 32 @ yahoo . com License #: 70341 Expiration Date: 6/31/24

Capacity: 130 # of Children Present: 70 # of Staff Present: 10

**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: Partial to 2021-215

Observations/Corrections needed:

(N/S) 19a-79-10(c)(2) under three ratio  
Program reports no ratio issues.  
Program is actively hiring staff to  
replace college staff.

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: Carolynne Deloreto  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Kelly Goral  
(Person in Charge)