

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other Co Monitor 2nd

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: My Little Rascals Too Date: 9/20/22 Time: 1:45 pm

Location Address: 1850 West St. Southington, CT Telephone #: 860 426-9933

e-mail address: mylittlerascals32@yahoo.com License #: 70341 Expiration Date: 12/31/2024

Capacity: 112<sup>u3</sup> # of Children Present: 68 # of Staff Present: 15<sup>1</sup>

**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 N/A

Purpose of visit: Consent order Monitoring - 2nd

Observations/Corrections needed:

Conditions:  
7a - Met  
7b, 7c, 7d, 7e - Met. Observed documentation regarding findings of weekly audits.  
8a - Met  
8b - Met  
8c - Met  
8d - Met  
8e - Met  
9a, 9b - Observed statement that required staff present at education consultant visits; on visit logs.  
12a - 12b - Met  
13a - Met. Discussed adding specific times/dates to video monitoring documentation.

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: Stephane Pica  
(OEC Representative)  
Print Name: Stephane Pica  
Signature: Kelly Goral  
(Person in Charge)  
Print Name: Kelly Goral

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: My Little Pascals Too License # 70341 Date: 9/20/22

Observations/Corrections needed:

14a - Met

14b - Met

15a/15b - Met

16a/16c/16d - Met

17a/b - Observed print out of course grade. Final credit has not been issued on transcript, per owners, documentation will be maintained on file upon receipt. receipt.

18a - Met

18b - Met

18c - Met

19 - met

21 - Met

22a-b-c - Civil Penalty of 3000 received by department.

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

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Signature: [Signature] (OEC Representative)

Print Name: Stephen Pia

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature] (Person in Charge)

OEC BY: N/A

Print Name: Kelly Good