



**DIVISION OF LICENSING**  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 SUPPLEMENTAL INSPECTION**

<b>Program Name</b>	LITTLE LAMB DAY CARE CENTER-HOUSEHOLD OF FAITH				<b>License Number</b>	DCCC.12676	<b>Date of Inspection</b>	05/31/2024
					<b>Expiration Date</b>	6/30/2025	<b>Time of Inspection</b>	07:40 AM
<b>Address</b>	431 HALLETT ST  BRIDGEPORT CT 06608-2028				<b>Telephone</b>	(203) 332-0911	<b>Total Capacity</b>	32
					<b>Days and Hours</b>	MONDAY-FRIDAY 6:30AM-5:30PM	<b>Under Three Capacity</b>	0
<b>#Children Present</b>	5	<b># Under 3 Present</b>	0	<b># Staff Present</b>	3	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up on 2 staff present from 5/30 inspection				<b>Name of Inspector</b>	Lori Mangano		
<b>Program's Email</b>	lorenzopettwat@yahoo.com				<b>Inspector's Email</b>	lori.mangano@ct.gov		

**Regulatory Violations**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
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No violations were cited during this inspection

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings – Regulations In Compliance</b>	
Statute and/or Regulation: [19a-79-4a(c)(2)]	Description: 020-Two Staff Present
Statute and/or Regulation:	Description:

<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>



<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>YES/NO: No</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>DISCUSSIONS/COMMENTS</b>
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**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Lori Mangano</b> (Printed Name)	 (Printed Name)		<b>Lorenzo Pettway</b> (Printed Name)