



### DIVISION OF LICENSING

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## CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Program Name</b>	LIL CRITTERS PRESCHOOL				<b>License Number</b>	DCCC.13979	<b>Date of Inspection</b>	06/25/2024
					<b>Expiration Date</b>	4/30/2025	<b>Time of Inspection</b>	09:15 AM
<b>Address</b>	10 LEWIS ST  NORWALK CT 06851-4704				<b>Telephone</b>	(203) 847-4220	<b>Total Capacity</b>	80
					<b>Days and Hours</b>	MONDAY-FRIDAY 7:30AM-5:30PM	<b>Under Three Capacity</b>	24
<b>#Children Present</b>	45	<b># Under 3 Present</b>	14	<b># Staff Present</b>	13	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up to 6/13/24 inspection on safe sleep and group size and barriers.				<b>Name of Inspector</b>	Lori Mangano		
<b>Program's Email</b>	Galc5310@gmail.com				<b>Inspector's Email</b>	lori.mangano@ct.gov		

### Regulatory Violations

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
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-79-10(c)(3)]	Description: 111-Under Three Endorsement: Group Size no Larger than 8
Statute and/or Regulation: [19a-79-10(c)(4)]	Description: 112-Under Three Endorsement: Physical Barriers/Groups of 8 (Indoors/Outdoors)

<b>Statute and/or Regulation:</b> [19a-79-10(g)(1) and/or 19a-79-10(d)(2)(A)]	<b>Description:</b> 129-Crib/Bed Used for Infant Sleeping

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

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

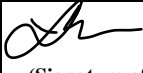

<b>YES/NO: No</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>DISCUSSIONS/COMMENTS</b>
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**NOTE:** Items left blank on this form were not monitored during this visit. Only the regulations marked 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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Lori Mangano</b> (Printed Name)	(Printed Name)		<b>Kayla Riveccio</b> (Printed Name)