

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: My Little Rascals Date: 3-7-25 Time: 12:35pm

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

e-mail address: mylitterascals32@yahoo.com License #: 70341 Expiration Date: 12-31-28

Capacity: 79/46 # of Children Present: 55 # of Staff Present: 10

**Consent to Inspect
Family Child Care Home**

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

Purpose of visit: playground follow up inspection

Observations/Corrections needed:

19a-79-7a(h)(7)(A) playground fence along
back side of playground (steep hill) observed to be
less than 4 feet. Fencing observed at 3 feet 6
inches in several areas.

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: 3/21/24

Signature: Betty mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: Kelly Goral
(Person in Charge)

Print Name: Kelly Goral