

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Rainbow Bridgeport Date: 8/22/25 Time: 1:40

Location Address: 24 Whittier St. Bridgeport Telephone #: 203 345-3267

e-mail address: Preschool@Lrdaycare.com License #: 70691 Expiration Date: 2/28/27

Capacity: 59/45 # of Children Present: 31/23 # 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 _____

Purpose of visit: Investigation 2025-926

Observations/Corrections needed:

- (NS) 19a-79-3a(b)(7)(A) Child behavior management- insufficient evidence to support a regulatory violation.
- (S) 19a-79-3a(a) Ensure health+ safety of children- regulation not met when one childⁿ under one room was not strapped into high chair with seat straps. Insufficient evidence to support that child was left in messy diaper for a prolonged period of time.
- (S) 19a-79-5a(a)(3)(A) Incident report- regulation not met when program did not write an incident report and notify parent that their child was left unsupervised on playground.
- (S) 19a-79-4a(d)(4)(D) Supervision - regulation not met when child was left unattended for aprox 3 minutes on playground as class transitioned inside from playground.

(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: 9/4/2025

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Betty Brea
(Person in Charge)
Print Name: Betty Brea