CONNECTICUT Early Childhood

DIVISION OF LICENSING
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME
FOLLOW UP – PARTIAL INSPECTION

Program Name	LITTLE BLESSINGS CHRISTIAN CHILDCARE CENTER					**License Number**	DCCC.70581	**Date of Inspection**	12/15/2025
						Expiration Date	10/31/2028	**Time of Inspection**	11:00 AM
Address	503 OLD TOLL RD MADISON CT 06443-1836					**Telephone**	(203) 421-2878	**Licensed Capacity**	51
						Hours of Operation	7:00 AM – 5:30 PM	**Under Three Capacity**	24
Is this a Change of Address?	**Yes?**		**No?**	X		**Days of Operation**	Mon-Fri	**Ages Served**	6 weeks – 5 years
New Address						**Night Hours**	No	**Summer Hours** Open	**Weekend Hours** No
						Program's Email	director@littleblessingsmadison.com		
Operator	LITTLE BLESSINGS CHRISTIAN CHILDCARE CENTER, INC.					**Director**	ROBIN COSTA		
Endorsements	Pre-School, Under Three					**Name of Inspector**	Bridget Merrill		
Numbers of Staff/Children Present	**# Children Present under age 3**	17	**# Total Children Present**	31	**# of Staff Present** 14	**Purpose of Visit**	Follow up for under 3yrs old group size from 12-4-25 full inspection		

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:	

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Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	

REGULATIONS IN COMPLIANCE

Statute and/or Regulation and Description:	**[19a-79-10(c)(3)]** **119- Group size- max 8 (6wks-24mths), max 10 (24-36mths)**

Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	**NOTE:** * It is the operator's responsibility to ensure compliance with all local codes and ordinances.

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Bridget Merrill	Robin Costa	Printed Name
2nd OEC Representative		**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.	
Printed Name		**THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.**	

CONNECTICUT Early Childhood	Written Corrective Action Plan due by:	**DIVISION OF LICENSING** 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oec.licensing@ct.gov Website: www.ctoec.org

OEC Representative's Email:	bridget.merrill@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf