



DIVISION OF LICENSING

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

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

Program Name	LITTLE RAINBOW BRIDGEPORT				License Number	DCCC.70691		Date of Inspection	01/29/2026		
					Expiration Date	2/28/2027		Time of Inspection	02:25 PM		
Address	24 WHITTIER ST BRIDGEPORT CT 06605				Telephone	(203) 345-3267		Licensed Capacity	59		
					Hours of Operation	6:00 AM – 5:00 AM		Under Three Capacity	45		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 5 weeks – years		
New Address					Night Hours	Yes	Summer Hours	Open	Weekend Hours	Yes	
					Program's Email	Preschool@Lrdaycare.com					
Operator	LITTLE RAINBOW BRIDGEPORT, LLC				Director	BETTY BREA, KEISHA HILLAIRE					
Endorsements	Night Care, Pre-School, Under Three				Name of Inspector	Karen Hicks					
Numbers of Staff/Children Present	# Children Present under age 3	27	# Total Children Present	27	# of Staff Present	8	Purpose of Visit	Follow-up for partial inspection; safe sleep			

REGULATIONS NOT IN COMPLIANCE

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

Statute and/or Regulation and Description:	
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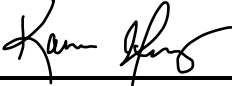

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)] 130- Safe Sleep
Program in compliance with safe sleep requirements at time of follow-up visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
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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.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Karen Hicks	Betty Brea	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> 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.	

	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: oc.licensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: karen.hicks@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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