



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
 INVESTIGATION**

Program Name	MY LITTLE RASCALS TOO				License Number	DCCC.70341		Date of Inspection	02/20/2026	
					Expiration Date	12/31/2028		Time of Inspection	10:47 AM	
Address	1850 WEST ST SOUTHINGTON CT 06489-1029				Telephone	(860) 426-9933		Licensed Capacity	79	
					Hours of Operation	6:30 AM - 6:00 PM		Under Three Capacity	46	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks - 9 years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No
					Program's Email	mylittlerascals32@yahoo.com				
Operator	MY LITTLE RASCALS TOO LLC				Director	KELLY GORAL				
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Evelyn Vicente-Quinones				
Numbers of Staff/Children Present	# Children Present under age 3	33	# Total Children Present	58	# of Staff Present	13	Purpose of Visit	Follow up 2026-86		

SUBSTANTIATED VIOLATIONS

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

No violations were cited during this inspection

Statute and/or Regulation and Description:


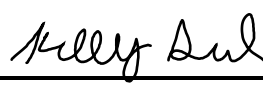
Statute and/or Regulation and Description:


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Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)] Not Substantiated 130- Safe Sleep
The regulation regarding infant sleeping was found to be in compliance during this visit.	
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.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Evelyn Vicente-Quinones	Kelly Goral	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: evelyn.vicente-quinones@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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