



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	SNACK TIME TO SHOW TIME				License Number	DCCC.70900		Date of Inspection	03/25/2026	
					Expiration Date	2/28/2030		Time of Inspection	02:09 PM	
Address	447 N MAIN ST SOUTHINGTON CT 06489-2521				Telephone	(203) 645-3718		Licensed Capacity	32	
					Hours of Operation	7:00 AM – 5:30 PM		Under Three Capacity	15	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 weeks – years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No
					Program's Email	snacktimetoshowtime@gmail.com				
Operator	SNACK TIME TO SHOWTIME LLC				Director	DENISE RIVERA				
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Betty Mayer				
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	0	# of Staff Present	1	Purpose of Visit	Follow up playground inspection		

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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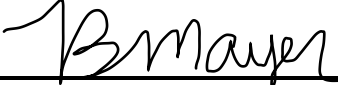

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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-7a(h)(1-9)] 111- Outdoor space
Statute and/or Regulation and Description:	[19a-79-7a(h)(7)-(A-C)] 112- Outdoor Protected/Fenced

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

Playground Measurements: 28.3 x 21.9 =619.77/75 =8.264 OK 8

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	Betty Mayer	Denise Rivera	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: elizabeth.mayer@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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