



DIVISION OF LICENSING

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

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

Program Name	MY LITTLE RASCALS TOO				License Number	DCCC.70341		Date of Inspection	04/14/2026	
					Expiration Date	12/31/2028		Time of Inspection	09:33 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 – 9 weeks – 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	Betty Mayer				
Numbers of Staff/Children Present	# Children Present under age 3	31	# Total Children Present	52	# of Staff Present	13	Purpose of Visit	Fence Follow up		

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[19a-79-7a(h)(7)-(A-C)]	112- Outdoor Protected/Fenced
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Program not in compliance with ensuring that barriers/fencing is four feet in height when playground fence along back of playground and fence alongside parking lot observed to be 3 feet 9 inches.

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-79-7a(h)(1-9)] 111- Outdoor space
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?	Yes	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	Betty Mayer	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	Karen Kellerman	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by: 04/28/2026	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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