



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	LITTLE BEAR'S ADVENTURE CENTER					License Number	DCCC.70722		Date of Inspection	04/30/2026	
						Expiration Date	8/31/2027		Time of Inspection	12:00 PM	
Address	1255 PORTLAND COBALT RD PORTLAND CT 06480-1748					Telephone	(860) 342-2273		Licensed Capacity	60	
						Hours of Operation	7:00 AM – 5:30 PM		Under Three Capacity	32	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks – 7 years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	Director@lbacchildcare.com				
Operator	LEAP EDUCATION PARTNERS OF CONNECTICUT LLC					Director	RHYLIE MORSE				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Lauren Hull				
Numbers of Staff/Children Present	# Children Present under age 3	25	# Total Children Present	48	# of Staff Present	10	Purpose of Visit	Follow up case 351			

SUBSTANTIATED VIOLATIONS

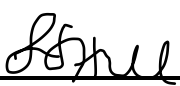
Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-10(c)(3)] Not Substantiated
119- Group size- max 8 (6wks-24mths), max 10 (24-36mths)	
The regulation regarding under three group size was found to be in compliance during this 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.	
Signature of OEC Representative			Signature of Person in Charge
Printed Name	Lauren Hull		 Rhylie Morse
2 nd OEC Representative			APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> a license has been issued by the Agency. THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.
Printed Name			
		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: cec.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: lauren.hull@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	