

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Granny's Little Angels, LLC @ Peggy's Pumpkins Date: 6-2-22 Time: 9:15am

Location Address: 1006 Reservoir Ave Bridgeport Telephone #: 203-545-7822

e-mail address: hmodulshyd@yahoo.com License #: 710432 Expiration Date: 9-30-22

Capacity: 29 # of Children Present: 7 # of Staff Present: 2

Consent to Inspect Family Child Care Home	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature <u>NA</u>
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Purpose of visit: Follow up on these two violations cited on 5-24-22

Observations/Corrections needed: ✓ = in compliance at this time

110 (ratio) - ✓

19a-79-3a(5)(c) (Supervision) - ✓

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: Cathy Anderson
(OEC Representative)

Print Name: Cathy Anderson

Signature: Cordelia Scudder
(Person in Charge)

Print Name: Cordelia Scudder