

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other 00

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Peggy's Pumpkin / Granny Little Angels, LLC Date: 6/25/22 Time: 9:45 am

Location Address: 1006 Reservoir Avenue, Bpt, CT 06606 Telephone #: (203) 726 4397

e-mail address: Kmoalesbyrd@yahoo.com License #: 70432 Expiration Date: 9/30/22

Capacity: 29/12 # of Children Present: 10 # of Staff Present: 4

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
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Purpose of visit: Consent order monitoring

Observations/Corrections needed:

Phone

PIC - Cordelia Scudder - head teacher - Kenya Moales - Director via

OK condition #8 - Per owner/director - said individual is not employed at the program in no capacity.

OK Condition #9 - Per owner/director, said person has not/does not enter the program during operational hours of program, except as necessary and appropriate to address emergency or emergent situations

OK condition #10 - Per provider, said person has not had any contact w/ the children enrolled at the program and/or children receiving services from the program.

OK Condition #11 - Per provider/owner - all staff received a copy of the executed consent order, including newly hired staff

Program is compliant w/ consent order during visit
*Discussion w/ staff pertaining to children having bottles while in crib

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

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

Signature: Valecia Williams
(also Representative)

Print Name: Valecia Williams

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: ok

Signature: Cordelia Scudder
(Person in Charge)

Print Name: Cordelia Scudder