

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Granny's Little Angels, LLC @ Penguin's Playroom Date: 7.26.22 Time: 1:35
Location Address: 10016 Reservoir Ave Opt Telephone #: 203 545.7822
e-mail address: Kmoalesbryd@yahoo.com License #: 70432 Expiration Date: 9.30.22
Capacity: 29 # of Children Present: 12 # of Staff Present: 3

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial inspection to 5.24.22 inspection (ratio)

Observations/Corrections needed:

1:1 Ratio - Upon arrival 1 staff with 8 children in classroom. 1 teacher answered door and left room for licensor and again for a parent. Children in room were still awake with 1 staff member

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: 8/9/22

Signature: _____
(OEC Representative)
Print Name: Ken Maynard
Signature: _____
(Person in Charge)
Print Name: Kenya Moales