

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Granny's Little Angels, LLC @ Peggy's Pumpkins Date: 8.8.22 Time: 3:00pm

Location Address: 1006 Reservoir Ave Bpt Telephone #: 203.545.7822

e-mail address: Kmoalesbyrd@yahoo.com License #: 70432 Expiration Date: 9.30.22

Capacity: 29 # of Children Present: NA # of Staff Present: NA

**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: Revision to 8.5.22 inspection

Observations/Corrections needed:

19a-79-3a violation is being removed after review of background status of program staff. Staff member did have background check. it just was not "current" status.

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: \_\_\_\_\_

Signature: [Signature]  
Print Name: \_\_\_\_\_  
(OEC Representative)

Signature: N/A Sent via email  
Print Name: \_\_\_\_\_  
(Person in Charge)