

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Granny's Little Angels, LLC c. Date: 9/27/22 Time: 12:00 pm
Location Address: 1006 Reservoir Ave Bpt Telephone #: 203 545 7822
e-mail address: kmvalcobryde@yahoo.com License #: 70432 Expiration Date: 9.30.22
Capacity: 29 # of Children Present: 4 # 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 to 7/26/22 partial inspection (Ratio #110)

Observations/Corrections needed:
110 - Ratio - OK at inspection

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: _____
(OEC Representative)
Signature: C. B. ...
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A