

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Granny's Little Angels, LLC @ Regan's Pumpkins Date: 5/3/23 Time: 9am  
Location Address: 1006 Reservoir Avenue Bridgeport, CT 06606 Telephone #: (203) 726-4397  
e-mail address: Kmoalesbyrd@yahoo.com License #: 70432 Expiration Date: 9.30.26  
Capacity: 29 # of Children Present: 5 # of Staff Present: 3

**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**

Purpose of visit: Water temperature follow up

Observations/Corrections needed:

67- measured 131.70F in infant room  
131.50F in room 2  
132.20F in room 3

18b- Observed staff in needs bc status provide  
direct care to children. Same staff as cited  
on 5.2.23  
~~LF, MISO (TR)~~

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: Immediately

Signature: A. Roberts  
*(OEC Representative)*  
Print Name: Terra Roberts  
Signature: Knoales  
*(Person in Charge)*  
Print Name: Kenya Noales