

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Granny's Little Angels LLC Peagus Pumphins Date: 5/4/23 Time: 1:15pm

Location Address: 1006 Reservoir Ave Bridgeport, Ct, 06606 Telephone #: (203) 726-4397

e-mail address: Kmaleskyrd@yahoo.com License #: 70432 Expiration Date: 9.30.26

Capacity: 29 # of Children Present: 6 # of Staff Present: 3

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature
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Purpose of visit: Water temperature follow up

Observations/Corrections needed:

67 - In compliance at this visit

measured 114.80F in 2's room

measured 115.0F in infant room

measured 115.0F in 3's room

Discussed temperature range is ~~60~~⁽⁷²⁾°F to a maximum of 115° F

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: N/A

Signature: Terril R Roberts
(OEC Representative)
Print Name: Terril R Roberts
Signature: Cordelia Scudder
(Person in Charge)
Print Name: Cordelia Scudder