

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Granny's Little Angels, LLC Date: 12/23/24 Time: 8:20

Location Address: 1006 Reservoir Ave Bridgeport Telephone #: 203 726-4397

e-mail address: Kmoalesbyrd@yahoo.com License #: 70432 Expiration Date: 9/30/26

Capacity: 29/12 # of Children Present: 0 # of Staff Present: 2

**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: Follow-up for visit on 12/6/24 for CD monitoring

Observations/Corrections needed:

(S) Condition 11a - Condition states that a designated director will be present at least 50% of the time.
One designated director or one designated assistant director is not present at least 50% of the time as there is multiple people being left in charge.

(NS) Condition 16 - Nurse's log is current at time of visit.

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: 1/6/2024

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Cordelia Scudder
(Person in Charge)

Print Name: Cordelia Scudder