

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cranny's Little Angels Date: 8/22/25 Time: 11:00

Location Address: ^{K-#} (#12 Chatham) 1006 Reservoir Ave Telephone #: 203 726-4397
Bridgeport

e-mail address: kmoalesbyrd@yahoo.com License #: 70732 Expiration Date: 9/30/26

Capacity: 29/12 # of Children Present: 4/1 # 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: CO Monitor visit #2

Observations/Corrections needed:

- (NS) Condition 8 A-D - observed person in charge list posted on refrigerator and staff aware of PIC.
- (NS) Condition 9a- Observed initial training documentation on site. Condition 9b- "Maintaining Compliance" video documentation observed for all staff present on day of visit.
- (NS) Condition 10 ~~a-c~~ Technical assistance completed on 11/21/2024. Documentation observed.
- (NS) Condition 11a-b - Observed attendance records showing directors time at program. Weeks reviewed meet the 50% requirement.
- (NS) Condition 12 a-c - Operator provided copies of new policies as they were created. Policies include maintaining records and physical plant. Observed completed checklists as part of new policy.

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Arquessa Johnson
(Person in Charge)

Print Name: Arquessa Johnson

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Granny's Little Angels License # 70432 Date: 8/22/25

Observations/Corrections needed:

- (NS) Condition 13a-e - Observed evidence of CAIS coming monthly
Documented visits observed. Recommendations observed with documentation of completing tasks.
- (NS) Condition 14 - documents observe note that owner/director present for CAIS visits.
- (NS) Condition 15 - in compliance at time of visit.
- Condition 16 - Observed current consultant agreements and documentation of weekly visits of health consultant.

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Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: N/A

Signature: [Signature]
(Person in Charge)
Print Name: Dr. Jessica Johnson