

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Estidai Singh Date: 8/26/22 Time: 9:00

Location Address: 710 Forbes Street, East Hartford, CT Telephone #: 860-895-9294

e-mail address: Singh.anshu1329@yahoo.com License #: 54236 Expiration Date: 1/31/25

Capacity: 613 # of Children Present: 2 # of Staff Present: 1

|  |   |
|--|---|
| <b>Consent to Inspect</b><br><b>Family Child Care Home</b> | 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.<br>Provider/Applicant/Substitute's Signature: <u>Estidai Singh</u> |
|--|---|

Purpose of visit: Follow up to check safe sleep

**Observations/Corrections needed:**

19a-87b-10(f)(1) - All toys removed from the pack-n-play.

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: \_\_\_\_\_

Signature: Jannie Thornton  
(OEC Representative)  
Print Name: Jannie Thornton

Signature: Estidai Singh  
(Person in Charge)  
Print Name: Estidai SINGH RONA

