

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Esridai Singh Date: 12/1/12 Time: 12:35

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

e-mail address: Singhsuresh1329@yahoo.com License #: 54236 Expiration Date: 1/31/25

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

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: <u>Esridai Singh Rana</u>
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Purpose of visit: Safe Sleep Follow Up

Observations/Corrections needed:

Two children napping. Children napping currently meet regulatory requirements.

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: Esridai Singh
(Person in Charge)
Print Name: ESRIDAI SINGH

