

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ramrattie Singh Date: 10/4/23 Time: 8:35 am

Location Address: 4 Daniel St, E. Hartford CT 06108 Telephone #: 8605285263

e-mail address: ramrattie67@gmail.com License #: 54126 Expiration Date: 9/30/26

Capacity: 6+3 # of Children Present: 5 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: Ramrattie Singh

Purpose of visit: Supervision

Observations/Corrections needed:

19a-87-b 19a-87b-9

#23) Observed pricklers on plants and standing water in fountain outside accessible to children. Observed columns with heavy decor and glass/porcelain items in dining room accessible items in dining room and in living room accessible to children where children nap.

#36) Fire extinguisher not manted.

Discussed with provider about being truthful and following through with corrections stated on corrective action plan.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Alexander Ze
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/18/23

Signature: Ramrattie Singh
(Person in Charge)