

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ramrattie Singh Date: 10/11/23 Time: 2:14 PM

Location Address: 4 Daniel St., East Hartford, CT Telephone #: 860 528 5243

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

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

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>Ramrattie Singh</u>
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Purpose of visit: Safe Sleep & Supervision

Observations/Corrections needed:

No violations found at time of inspection.
Provider is in compliance with all safe sleep and
supervision 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: N/A

Signature: Alexandra Rodriguez
(OEC Representative)

Print Name: Alexandra Rodriguez

Signature: Ramrattie Singh
(Person in Charge)

Print Name: RAMRATTIE SINGH