



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	CHRANDRAWATEE INDARPAUL		License Number	DCFH	Date of Inspection	04/08/2024
			Expiration Date		Time of Inspection	08:38 AM
Address	93 ETHAN DR WINDSOR CT 06095-1667		Telephone	(860) 422-3277	Regular Capacity	6
			Days and Hours	M-F 7:00AM - 6:00pM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0	Summer Care	Open	
Purpose of Inspection	Follow up		Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	indarpaulc@gmail.com		Inspector's Email	evelyn.vicente-quinones@ct.gov		

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

* Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-10(c)(1)]	063-Sufficient Play Equipment	Applicant has purchased/acquired additional play equipment; sufficient for various age groups for both indoors and outdoors play

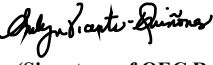
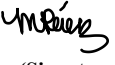

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<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Comments:

NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Evelyn Vicente-Quinones (Printed Name)	Melina Perez (Printed Name)		CHRANDRAWATEE INDARPAUL (Printed Name)