



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	ESRIDAI R SINGH		<b>License Number</b>	DCFH.54236	<b>Date of Inspection</b>	08/22/2024
			<b>Expiration Date</b>	1/31/2025	<b>Time of Inspection</b>	09:39 AM
<b>Address</b>	710 FORBES ST EAST HARTFORD CT 06118-1916		<b>Telephone</b>	(860) 895-9294	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	7:00-5:00 MONDAY - FRIDAY	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	0	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Confirm compliance with safe cribs & basement supervision		<b>Name of Inspector</b>	Linda Johnson Moylan		
<b>Provider's Email</b>	esridaisingh@gmail.com		<b>Inspector's Email</b>	linda.moylan@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*

### Regulatory Violations

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
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No violations were cited during this inspection

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-9(d)(4)(A)]	<b>Description:</b> 030-Basement Supervision
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<b>Statute and/or Regulation:</b> [19a-87b-10(c)(5)]	<b>Description:</b> 068-Proper Rest Provisions/Safe Cribs
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Observed compliance.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Linda Johnson Moylan</b> (Printed Name)	 (Printed Name)		<b>ESRIDAI R SINGH</b> (Printed Name)