



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	RAMRATTIE SINGH		<b>License Number</b>	DCFH.54126	<b>Date of Inspection</b>	09/16/2024
			<b>Expiration Date</b>	9/30/2026	<b>Time of Inspection</b>	10:41 AM
<b>Address</b>	4 DANIEL ST EAST HARTFORD CT 06108-2411		<b>Telephone</b>	(860) 528-5263	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	MONDAY-FRIDAY 7:00AM-5:30	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	2	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up		<b>Name of Inspector</b>	Linda Johnson Moylan		
<b>Provider's Email</b>	ramrattie67@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
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings-Regulations In Compliance</b>	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-9(b)]	<b>Description:</b> 023-Freedom of Hazards
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<b>Statute and/or Regulation:</b> [19a-87b-9(d)(3)]	<b>Description:</b> 028-Electrical Safety
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<b>Statute and/or Regulation:</b> [19a-87b-9(d)(5)]	<b>Description:</b> 033-Emergency Evacuation Drills-Quarterly
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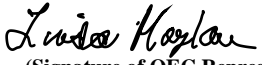


<b>Statute and/or Regulation:</b> [19a-87b-9(e)]	<b>Description:</b> 038-Weapons
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Observed cap item completed. Water emptied from outdoor fountain and discussed not to be filled while doing care. Provider removed cloth skirt from portacribs and we discussed cannot be used per manufacturers design.

**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>RAMRATTIE SINGH</b> (Printed Name)