

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruth Pina Date: 12/14/21 Time: 9:27am

Location Address: 87 Highland Ave. Danbury Telephone #: 203 942 9487

e-mail address: ruthdpina@gmail.com License #: 57011 Expiration Date: 2.28.22

Capacity: 603 # 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: [Signature]

Purpose of visit: Follow up to Full Inspection Completed on 12.7.21 where Infant/Toddler Restriction Violation and Safe Sleep Violations were cited

Observations/Corrections needed:

* Compliance found with Safe Sleep violation - Paper Rest
Provision 19a-87b-10 (68) did not observe mattress insert in infants
pack: play.

19a-87b-5 (6) observed 3 children in care under the age of 18 months
without substitute / staff present.

* Substitute arrived at 10:10 am *

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: 12/28/21 PT 12/21/21
OK

Signature: [Signature]
(OEC Representative)
Print Name: Patricia J. Duburshi
Signature: [Signature]
(Person in Charge)
Print Name: Ruth Pina