

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruth Pina Date: 12-17-21 Time: 9:50am

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: 4 # of Staff Present: 1

**Consent to Inspect
Family Child Care Home**

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.

Provider/Applicant/Substitute's Signature

Purpose of visit: 2nd Follow up to Follow up Completed on 12-14-21 where #6 infant/toddler restriction was cited

Observations/Corrections needed:

Compliance found at this visit with infant/toddler restriction. Two children under the age of 18 months were present with 1 staff in ratio.

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: 12/17

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