

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruth Pina Date: 2.3.22 Time: 10:25 AM

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

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

Capacity: 6+3 # of Children Present: 5 # of Staff Present: 2

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: Partial Inspection following inspection where non-compliance of infant/toddler restriction was cited on 12.7.21 and 12.14.21

Observations/Corrections needed:

Compliance was found with infant/toddler restriction at this visit. Only two children under 18 months were in care.

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: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Katarzyna H. Jankowski
Signature: [Signature]
(Person in Charge)
Print Name: Ruth D. Pina