



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
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### CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	MOTHERS DAY OUT				License Number	DCCC.12161	Date of Inspection	02/23/2024
					Expiration Date	12/31/2024	Time of Inspection	09:00 AM
Address	35 SHELTON RD  TRUMBULL CT 06611-5132				Telephone	(203) 377-7518	Total Capacity	46
					Days and Hours	T-F 9:15am-1:45pm	Under Three Capacity	16
#Children Present	17	# Under 3 Present	7	# Staff Present	5	Summer Care	Closed	
Purpose of Inspection	Ratio follow up				Name of Inspector	Terri Ruducha-Roberts		
Program's Email	debpacknick@gmail.com				Inspector's Email	terri.ruducha-roberts@ct.gov		

### Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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**Other Findings - In Compliance**

Statute and/or Regulation	Description	Comments
<p>[19a-79-10(c)(2) and/or 19a-79-4a(c)(6)]</p>	<p>110-Under Three Endorsement: Ratio: 1 Staff to 4 Children</p>	




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<u>YES/NO:</u> <b>No</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>Discussions:</b>

<b>Comments:</b>

**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>Terri Ruducha-Roberts</b> (Printed Name)	 (Printed Name)		<b>Deborah Packnick</b> (Printed Name)