



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	RUTH D PINA			License Number	DCFH.57011	Date of Inspection	11/13/2024
				Expiration Date	2/28/2026	Time of Inspection	09:15 AM
Address	87 HIGHLAND AVE DANBURY CT 06810-5341			Telephone	(203) 942-9487	Regular Capacity	6
				Days and Hours	MONDAY - FRIDAY 6:00 - 6:00 pm Monday - Friday	School Age Capacity	3
# Children Present	7	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow up to check safe sleep			Name of Inspector	Jannie Thornton		
Provider's Email	ruthdpina@gmail.com			Inspector's Email	jannie.thornton@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

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(d)(4)]	Description: 029-Safe Exits
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Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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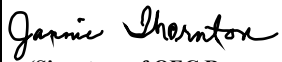


YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

All exits are clear. The Pack - plays contain the pad that came with it. There is no extra padding. Provider has one staff working with her today.

IMPORTANT NOTES

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Jannie Thornton (Printed Name)	 (Printed Name)		RUTH D PINA (Printed Name)