



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

|                              |  |                                  |   |                          |   |                            |            |
|------------------------------|--|----------------------------------|---|--------------------------|---|----------------------------|------------|
| <b>Provider</b>              | RUTH D PINA                              |                                  |   | <b>License Number</b>    | DCFH.57011  | <b>Date of Inspection</b>  | 01/15/2025 |
|                              |  |                                  |   | <b>Expiration Date</b>   | 2/28/2026   | <b>Time of Inspection</b>  | 01:59 PM   |
| <b>Address</b>               | 87 HIGHLAND AVE<br>DANBURY CT 06810-5341 |                                  |   | <b>Telephone</b>         | (203) 942-9487                                    | <b>Regular Capacity</b>    | 6          |
|                              |  |                                  |   | <b>Days and Hours</b>    | MONDAY - FRIDAY<br>6:00 - 6:00 pm Monday - Friday | <b>School Age Capacity</b> | 3          |
| <b># Children Present</b>    | 8  | <b># Under 18 months present</b> | 1 |                          |   | <b>Summer Care</b>         | Open       |
| <b>Purpose of Inspection</b> | Infant safe sleep                        |                                  |   | <b>Name of Inspector</b> | Janarish Lopez                                    |                            |            |
| <b>Provider's Email</b>      | ruthdpina@gmail.com                      |                                  |   | <b>Inspector's Email</b> | janarish.lopez@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

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

|   |  |
|---|--|
| <b>Statute and/or Regulation:</b> [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)] | <b>Description:</b> 019-Substitute/Assistant |
|---|--|

|   |                                    |
|---|------------------------------------|
| <b>Statute and/or Regulation:</b> [19a-87b-9(d)(4)] | <b>Description:</b> 029-Safe Exits |
|---|------------------------------------|

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

|                                   |                     |
|-----------------------------------|---------------------|
| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
|-----------------------------------|---------------------|



|                   |   |
|-------------------|---|
| <b>YES/NO:</b> No | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|-------------------|---|

**DISCUSSIONS/COMMENTS**

Defs:91903  
 Defs:91461  
 No violations found at time of visit.  
 Discussion: ensuring all exits remain clear at all times.

**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.*

|   |                                   |                                 |  |
|---|-----------------------------------|---------------------------------|--|
| <br>(Signature of OEC Representative) | (Signature of OEC Representative) | <b>DATE CORRECTIONS DUE BY:</b> | <br>(Signature of Person in Charge) |
| <b>Janarish Lopez</b><br>(Printed Name)   | (Printed Name)                    |                                 | <b>Haibel A Encarnación</b><br>(Printed Name)  |