

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT      Date: 9.9.21      Time: 11am  
Location Address: 595 Hope St Stamford      Telephone #: 347.595.9447  
e-mail address: rubyslittlegemsc@gmail.com      License #: 80018      Expiration Date: 9.30.24  
Capacity: 12/12      # of Children Present: 11      # of Staff Present: 3

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Follow up to 6-17-21 inspection (2 staff present)

Observations/Corrections needed:

Violations

#20 After reviewing time cards 2 staff are not present daily.  
First child arrives at 7am and staff arriving on 9/11 6:27 and 7:31am,  
9/13 6:21 and 7:24, 9/18 6:29 and 7:28am and 9/19 6:28 and 7:27am

#19 Program has not had a head teacher since September as stated by staff.

#5 Notification of change not provided after head teacher left program. Program hours are 7:30am-10pm and children are being dropped off as early as 7am and notification of change was not provided to change hours.

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: 9.23.21

Signature:   
(OEC Representative)  
Print Name: Lon Mangano

Signature: Imani Davis  
(Person in Charge)  
Print Name: Imani Davis