☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 9.24.21 Time: 9:22am

Location Address: 595 Hope St Stamford Telephone #: 347.595.9447

e-mail address: rubyslittlegemsct@gmail.com License #: 80018 Expiration Date: 9.30.24

Capacity: 12/12 # of Children Present: 11 # of Staff Present: 4

Consent to Inspect Family Child Care Home	*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*** _____

Purpose of visit: Follow up to 9/9/21 Follow up inspection (2 staff present)

Observations/Corrections needed:

#20. PK at inspection. Time cards and attendance sheets renewed today

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: _____
(OEG Representative)
Print Name: Lori Mangano

Signature: _____
(Person in Charge)
Print Name: Shaquila Brunc