

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 11.8.21 Time: 12:15 pm

Location Address: 595 Hope St Stanford Telephone #: 347.595.9447

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

Capacity: 12/12 # of Children Present: 10 # of Staff Present: 3

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature

Purpose of visit: Partial inspection to 6/17/21 inspection (2 staff present)

Observations/Corrections needed:

20-Two staff present. Inspector reviewed time cards and 2 staff
clocked in before the arrival of first child. - OK

Violations

(7) Since November 1 there are no sign out times for any children on
the sign out sheets

(128) Child under 1 year of age sleeping in bouncer seat. Staff stated crib
broke last week. No medical documentation on file for alternate
sleep position.

(129) No crib on site for infant to sleep in

(110) Ratio- staff left upstairs room to go to kitchen. 1 staff member left with
7 children under 3 upstairs

(19a-79-2a(d)(2)(B)) - staff member provided false statement when asked if all children were

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: 11.22.21

Signature: [Signature]

(OEC Representative)
Print Name: Lon Mangano

Signature: [Signature]

(Person in Charge)
Print Name: Zhaquela Bruce

SUPPLEMENTAL REPORT OF INSPECTION

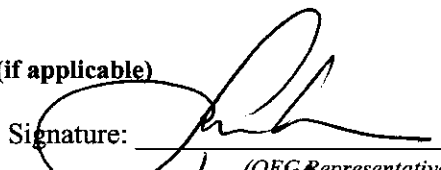
Name of Program/Provider: Ruby's Little Gems CT License # 8018 Date: 11-8-21

Observations/Corrections needed:

asleep upstairs because she left the group at a 1 to 7 ratio. She responded all
were except one was partially asleep. When inspector followed her back upstairs
at least 5 were awake. The other 2 were not observed.

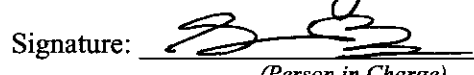
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Signature: 
(OEC Representative)
Print Name: Lon Mungo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11-22-21

Signature: 
(Person in Charge)
Print Name: Shaquilla Brum