

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 11/19/21 Time: 12:30 pm
Location Address: 595 Hope St Stanford Telephone #: 347.595.9447
e-mail address: rubyslittlegemsct@gmail.com License #: 80018 Expiration Date: 9.30.24
Capacity: 12/12 # of Children Present: 10 # of Staff Present: 3

**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 partial inspection on 11.8.21

Observations/Corrections needed:

7- Attendance - OK at inspection
128- infant not present today
129. crib onsite - OK at inspection
110- Ratio - OK at inspection

observed children at naptime. - all OK at inspection

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: NIA

Signature: _____

(OEC Representative)
Print Name: Lon Mangano

Signature: _____

(Person in Charge)
Print Name: Shaunla Brown