

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 1.25.22 Time: 1:30pm

Location Address: 595 Hope St Stamford Telephone #: 347.595.9447

e-mail address: rubyslittlegemact@gmail.com License #: 8018 Expiration Date: 9.30.24

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

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Partial inspection to 11.8.21 inspection - ratio/safe sleep

Observations/Corrections needed:

110- OK at inspection (Ratio)
129- OK at inspection (crib used for infant sleeping)
crib set up but no infant in attendance 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: [Signature]
(OEC Representative)
Print Name: Lori Mangano

Signature: [Signature]
(Person in Charge)
Print Name: Shaquira Brown