

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Ruby's Little Gems CT      Date: 4.5.22      Time: 12:25  
Location Address: 545 Hope St      Stamford      Telephone #: 347-595-9447  
e-mail address: rubyslittlegemscct@gmail.com      License #: 80018      Expiration Date: 9.30.24  
Capacity: 12/12      # of Children Present: 12      # of Staff Present: 4

**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: Follow Up to 3.25.22 inspection (Supervision)

Observations/Corrections needed:

19a-79-4a(c)(4)(D) - OK at inspection

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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: 

Print Name: LOU MARGANO (OEC Representative)

Signature: Imani DAVIS (Person in Charge)

Print Name: Imani DAVIS