

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 6-7-22 Time: 8:45

Location Address: 595 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: 9 # 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 to 3/25/22 inspection (supervision)

Observations/Corrections needed:

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

Discussion

- Staff need coverage to use the bathroom or else they will go out of ratio


- Violations - (143) Program is not endorsed for school age and 1 child present is 6 1/2 years old.
- (32) - no enrollment information for school age child (33) NO emergency medical permission for school age child. (34) NO authorized release permission for same child (37) NO health record for same child
- (4) NO documentation of behavior management techniques discussed with parent for same child.

Discussion - Any child present must be enrolled in program and included in ratio during all operating hours. School age child arrived at 7am as stated by a staff member.

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: 
 (OEC Representative)
 Print Name: Leon Mangano

Signature: Imani Davis
 (Person in Charge)
 Print Name: Imani Davis