

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 6.14.22 Time: 9:30am

Location Address: 595 Hope St Stamford Telephone #: 347-595-9447

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

Capacity: 12/12 # of Children Present: 10 # 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.</i> Provider/Applicant/Substitute's Signature
------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Purpose of visit: Follow up to partial inspection on 6.7.22 (supervision, ratio & group size check)

Observations/Corrections needed:

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


110- Ratio - OK at inspection

111- Group Size - 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: N/A

Signature:  _____
(OEC Representative)

Print Name: Lon Margano

Signature: Imani Davis _____
(Person in Charge)

Print Name: Imani Davis