

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 7-19-22 Time: 8:00 am

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

e-mail address: rubyslittlegemsct@gmail.com License #: 8018 Expiration Date: 9-30-24

Capacity: 12/12 # of Children Present: 9 # of Staff Present: 5

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 inspection - (Monitoring child sign in and out times)

Observations/Corrections needed:

#7. all in compliance 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: Lin Margaret

Signature: [Signature]
(Person in Charge)

Print Name: Shaquila Broad