

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Ruby's Little Gems GT Date: 3.22.23 Time: 8:48 am

Location Address: 595 Hope St Telephone #: 347.595.9447

e-mail address: rubylittlegemsgt@gmail.com License #: 82018 Expiration Date: 9.30.24

Capacity: 12/12 # of Children Present: 14 # of Staff Present: 4

**Consent to Inspect Family Child Care Home** 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 \_\_\_\_\_

Purpose of visit: Follow Up to 3.3.23 inspection (2 staff present / safe sleep)

**Observations/Corrections needed:**

#20. 2 Staff present - Compliant at inspection. Inspector viewed time cards and program has been compliant since 3.3.23 inspection.

#130 - crib/bed free from observable hazards - observed cribs compliant at inspection.

Violations

19a-79-7a(c)(1) - Over capacity - program had 14 children when inspector arrived.

32 Enrollment information not on file for 2 children.

33 <sup>Emergency</sup> Medical permission not on file for 2 children.

34 Authorized released permission not on file for 2 children.

37 Health records not on file for 2 children 4 No documentation of behavior management techniques discussed with parent on file for 2 children

Discussion - program cannot exceed 12 children at any time.

pm III

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: pm 3 4.5.23

Signature: \_\_\_\_\_  
(OEC Representative)  
Print Name: Jim Mangano  
Signature: \_\_\_\_\_  
(Person in Charge)  
Print Name: \_\_\_\_\_

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

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**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Ruby's Little Gems CT Date: 3/22/23 Time: 8:48am

Location Address: 595 Hope St Stamford Telephone #: 347.595.9447

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

Capacity: 12/12 # of Children Present: 14 # of Staff Present: 4

<b>Consent to Inspect Family Child Care Home</b>	<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: Continued..... Follow up to 3.3.23 inspection

**Observations/Corrections needed:**


Violation  
Condition 4 of Consent Order - provider failed to have documentation on file for annual review training for 2 staff and 1 without any professional development at all indicated on 3/3/23 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.

Signature:   
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4.5.23

Signature:   
(Person in Charge)