

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby Little Gems CT Date: 3.27.23 Time: 8:45

Location Address: 595 Hope St Stamford Telephone #: 347.595.9447

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

Capacity: 12/2 # 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 3.22.23 Follow up inspection (capacity)

Observations/Corrections needed:

19a-79-7a(c)(1) - capacity - compliant 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: Don Mangan

Signature: [Signature]
(Person in Charge)
Print Name: Angela Bernardy