

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 6/11/23 Time: 1015
Location Address: 595 Hope St Stamford Telephone #: 347.545.4447
e-mail address: rubyslittlegemst@gmail.com License #: 80018 Expiration Date: 9.30.24
Capacity: 12/12 # of Children Present: 12 # of Staff Present: 3

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 _____
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Purpose of visit: Partial Inspection to 3/3/23 and 3/22/23 inspections

Observations/Corrections needed:

20- Two Staff Present - reviewed time cards - OK with 2 staff present daily before first child arrives.

130- Cnb/Bed free from observable hazards - OK at inspection

19a-79-7a(c)(1) - Capacity - 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: Don Mangano

Signature: _____
(Person in Charge)
Print Name: Ingrid Bernande