

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**CHILD CARE CENTER OR GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Address: Ruby's Little Gems CT 595 Hope St Stamford	Date of Inspection: 2.27.25	Time of Arrival: 11:20 am
License Number: 80018	Inspection Date: 9.30.28	Summary Care: Open
Telephone Number: 347-595-9447	# of Staff Present: 5	# over 3 Present: 2
Ruby's Little Gems CT LLC rubyslittlegemsct@gmail.com	Total Capacity: 12	Total Under 3 capacity: 12
Shaquilla Ruby Cherny	Hours/Days of Operation: 7am-5:30pm	# under 3 Present: 12 Ages Served: 3m-5yrs

Inspection Code: N/A - Not applicable at this time ✓ - Regulation in Compliance ○ - Regulation not in Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 1.15.15

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. (d)(2)(A) **POLICIES-COMplete/IMPLEMENTED**
- (d)(2)(B-C) Discipline policy
- (d)(3) Child Protection policy
- (d)(4)(A) Closing time policy
- (d)(4)(B) Medical emergency policy
- (d)(5) Multi-Hazards policy-annual drill
- (d)(6) Supervision policy
- (d)(6)(C) General Operating policies
- (d)(7) Administrative Oversight policy
- 12. (d)(1) Personnel policies
- 13. (d)(1) Daily attendance-children/staff- keep 1 yr.
- (f) **ACCESS**
- (h) Immediate access by parents
- (i) Immediate access by OEC-facility/records
- 15. (m) 2.8 yr olds enrolled in preschool-authorization
- 16. (n) Motor vehicle laws-transportation
- 17. (o) Capacity
- 18. (e)(1) Respond to OEC-no false, misleading statements or documents
- (e)(2) **POSTINGS**
- (e)(3) License posted
- (e)(4) OEC Complaint Procedure posted
- (e)(5) Menus posted
- (e)(6) No Smoking posted signs at entrances
- OEC Inspection report posted or available
- Developmental Milestones posted

STAFFING and CONSULTANTS 19a-79-3b

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. (d)(4)(A) **RATIOS**
- (d)(4)(B) Ratio 1:10 - Indoors/Outdoors
- (d)(4)(C) Mixed age group-ratios
- (d)(4)(D) Nap time ratio
- 28. (d)(4)(D) Supervision-Indoors/Outdoors
- 29. (d)(5) **GROUP SIZE**
- (d)(5)(A) Group Size-Indoors/Outdoors
- (d)(5)(B) Group Size-school age field trips/outdoors
- (e)(1) Mixed age group-group size
- 30. (f)(1) Designated director-training
- 31. (f)(2) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. **PROFESSIONAL DEVELOPMENT**
- (a)(2) Documentation
- (f)(1)(2) Health & Safety training
- (h)(1)(2) 1% annual hours
- 34. (4)(C)(ii-v) **SWIMMING ACTIVITIES - Y/N**
- (4)(C)(i) Swimming-Ratios
- (e)(6) Non-swimmers identified
- (e)(6) CPR certified staff-age 20 or older
- (e)(6) Lifeguard-certified-supervising
- 35. (i)(1)(A-D) **CONSULTANTS**
- (i) (i) Consultants-Education, Health, Social Service, Dietitian (N/A)
- (i)(2)(A-H) Consultant agreements-signed annually
- (F) Agreements complete w/required services
- (i)(2) Consultant logs-documented activities, observations and required services
- (H)(i)-(I)(i) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	○	○	○

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION

PROGRAM NAME

Ruby's Little Gems CT

LICENSE NUMBER

80018

2-27-25

RECORD KEEPING 19a-79-6a

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. (a)(1)(D)(i) PARENT PERMISSIONS
- (a)(1)(D)(ii) Emergency medical permission
- (a)(1)(D)(iii) Authorized release permission
- (a)(1)(D)(iv) Field trip permission
- (a)(1)(D)(iv) Transportation permission
- 38. (a)(2)(A-B) Child Health Records
- 39. (a)(2)(C) Immunization records
- 40. (a)(2)(E) Individual care plan-signed by parents/staff
- 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
- 42. (a)(3)(B) Parent notification of illness or injury
- 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
- 44. (a)(3)(D) Notify DPH, local health-reportable diseases
- 45. (a)(4) Video recordings- keep 30 days

PHYSICAL PLANT 19a-79-7a cont.

- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens (Schl age only- N/A)
- 75. (d)(4) Glass and mirrors protected to 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors N/A
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing/bedding
- 79. (d)(8) Smoking or vaping prohibited on premises/grounds
- 80. (d)(8) Matches/lighters inaccessible
- 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
- 82. TOILETING

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection _____ N/A
- 51. (a)(6) Kitchen-clean, safe storage of food/supplies
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (Schl age only N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 60. (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
- 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

- (d)(10)(A) Shared toilets/sinks-supervision plan
- (d)(10)(B) Toileting needs met
- (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
- (d)(10)(C) Required toilets/sinks-1:16
- (d)(10)(D) Required toilets/sinks-1:25 schl age only
- (d)(10)(E) Toileting Supplies-Hand drying-Garbage
- (d)(10)(E) Handwashing staff/children
- (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
- (d)(10)(G) Well lighted/ventilated toilet rooms
- (d)(10)(H) Mechanical ventilation (Grp Homes N/A)
- 83. Staff personal articles inaccessible
- 84. AIR TEMPERATURE
- 85. (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
- (e)(1) Air temp <65°F comfortable (Schl age only-N/A)
- (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
- (e)(3) Water temperature 60 °F - 120 °F
- (e)(4) Portable space heaters prohibited
- (e)(5) Walls/ceilings/floors/rugs-clean/good repair
- (e)(5) Rugs- not tripping/slipping hazard
- (e)(6) Hot water/Steam pipes protected
- (e)(7) Working phone on each level
- (e)(7) Emergency numbers posted-adjacent to phones
- (e)(7) Parents provided direct on site phone number
- (e)(8) LIGHTING
- (e)(9) All areas min. 1 foot candle of lighting
- (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
- (e)(9) Schl age only-lighting for comfort
- (e)(9) Light fixtures shielded/shatter proof
- (e)(10) Potentially hazardous substances, materials - labeled, inaccessible
- (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
- (e)(12) Stairs-protected/good repair-handrails
- (e)(13) Toxic plants/materials inaccessible
- (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- (e)(16) Prevention of vermin-openings screened
- (e)(17) Radon test- Results: 7.0 N/A
- (e)(17) Results posted-Date: 11-28-22 (Schls-N/A)
- (e)(18) Carbon monoxide detector-each level N/A
- (f)(1)(A) Program space-adequate-35 sq. ft. per child
- (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
- (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
- (g)(3) Air conditioners, water heaters, fuse boxes inaccessible
- (g)(4) Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 11/1/25
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 1-7-25
- (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(A) LEAD PAINT -
- (c)(6)(A) Peeling Paint - Y/N Inside/Outside
- (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N
- (c)(6)(B-D) Results Lead Paint
- 71. (d)(1) Lead Management Plan every 6 mths
- 71. (d)(1) Emergency vehicle access

- 95. (e)(10)
- 96. (e)(11)
- 97. (e)(12)
- 98. (e)(13)
- 99. (e)(14-15)
- 100. (e)(16)
- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

CHILD CARE CENTER OR GROUP CHILD CARE HOME INSPECTION FORM - page 4

PROGRAM NAME Ruby's Little Gems CT **LICENSE NUMBER** 80018 **DATE OF INSPECTION** 2/27/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N**

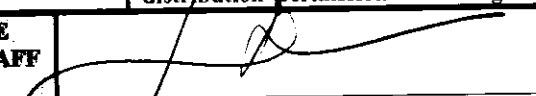

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training - first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> 173. (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 174. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 176. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 177. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 178. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 179. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft		Testing results and actions taken - documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		N/A

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage		N/A

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Lon Mangano	PRINTED NAME	Shaquela Cherry

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103

Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

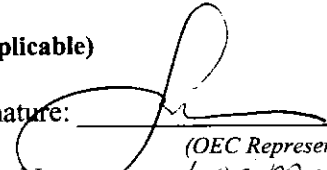
Name of Program/Provider: Ruby's Little Gems CT License # 80018 Date: 1.27.25

Observations/Corrections needed: Regulation not in compliance when.

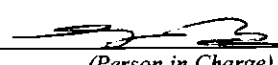
- (35)(i) No dietician contract completed. (Send copy)
 - (f) No documentation of annual reviews completed by Dietician.
 - (38)(a)(2)(A-B) - 2 child files with incomplete Chronic Disease Assessment section
 - (39)(a)(2)(C) - 1 child without flu vaccine or medical exemption on file. (send copy)
 - (40)(a)(2)(E) - 1 individual care plan for asthma is for a school and does not include exact medical protocol with signs and symptoms indicated or medication.
 - (70)(c)(6)(B-D) - Lead management plan not being monitored and logged.
 - (11)(h)(3) - white wire not secured on wall ^{in playground} and red ramp railing has peeling paint throughout.
 - (130)(g)(1) - 1 crib sheet too loose for infant
 - (136)(k)(11) - no written feeding schedule observed for 2 infants.
 - (k)(15) 1 breast milk bag not labeled with child's name
 - (160)(b)(2)(C) - Medication training outline not labeled ⁱⁿ on site for oral, topical and
 - (161)(b)(3)(A) Inhalants
 - (3) - incomplete parent section (1 box) for inhaler.
 - (163)(b)(4)(A-B) - MAR incomplete with all required information on top of form. Only child name observed and several logs indicated.
 - (2)(a) - program failed to ensure the health and safety of children when staff upstairs were unaware of child with inhaler in their care.
- DISCUSSION
- Latch at top of stair door is very difficult to latch
 - Children under 2 cannot watch tv
 - 1 child missing physician information
 - New regulations - Policy checklist provided

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)
Print Name: Lon Manganio

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:  (Person in Charge)
Print Name: Shaquille Cherry

OEC BY: 3.12.25