

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT      Date: 3-4-25      Time: 11:17 AM

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

e-mail address: rubyslittlegemscat@gmail.com      License #: 80018      Expiration Date: 9.30.28

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

<b>Consent to Inspect</b> <b>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.</i> <b>Provider/Applicant/Substitute's Signature</b>
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Purpose of visit: Follow up to 2.27.25 inspection (state sleep) #130

Observations/Corrections needed:

#130 (g)(1) - OK at inspection. sheets fit snugly in both cribs.

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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: LON MORGAN

Signature: [Signature]  
(Person in Charge)  
Print Name: Alida Soraixot