

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 5/6/25 Time: 12:23

Location Address: 5415 Hope St Telephone #: 347-545-9447

e-mail address: rubyslittlegemscf@gmail.com License #: 80018 Expiration Date: 9-30-28

Capacity: 12/12 # of Children Present: 10 # of Staff Present: 4

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature

Purpose of visit: ~~Initial~~ Follow up ~~to~~ to Partial inspection on 4:30:25 (Safe Sleep)
Jim

Observations/Corrections needed:
130 (g)(1) - observed infant sleeping in crib. In compliance today.
2 infants and 2 cribs.

Observed all children sleeping upstairs - sleep practice in compliance 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: NA

Signature: _____
Print Name: (DEC Representative) Edna M. [unclear]
Signature: _____
Print Name: Person in Charge [unclear]