☐ Initial ☑ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 6.6.25 Time: 1:10 pm

Location Address: 595 Hope St Telephone #: 347.595.9447

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

Capacity: 12/12 # of Children Present: 11/11 # of Staff Present: 3

Consent to Inspect Family Child Care Home	*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.* ***Provider/Applicant/Substitute's Signature***_____

Purpose of visit: Partial inspection to 4.30.25 (safe sleep)

Observations/Corrections needed:

1308(g)(1)- 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: Lori Mangam

Signature: _____ *(Person in Charge)*

Print Name: Ingrid Hernandez