

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruby's Little Gems CT Date: 3/19/26 Time: 11⁰¹
Location Address: 595 Hope St Stamford Telephone #: 347.595.9447
e-mail address: rubyslittlegemsc@gmail.com License #: 82018 Expiration Date: 9.30.28
Capacity: 5/5 # of Children Present: 4 # of Staff Present: 2

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. Provider/Applicant/Substitute's Signature _____</i>
--	---

Purpose of visit: Follow up to 3/2/26 ^{Follow up} inspection and checking on capacity
X2026-763

Observations/Corrections needed:

16 (n) Capacity - 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: _____

(OEC Representative)

Print Name: Tom Mangano

Signature: _____

(Person in Charge)

Print Name: Angela Bernard