

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Xiomy A Augui de la Cruz Date: 11/22/22 Time: 9:25a

Location Address: 287 Collins Street Hartford CT Telephone #: 202-760-7091

e-mail address: xiomyaylinaugui@gmail.com License #: 57631 Expiration Date: 3/31/24

Capacity: 6+3 # of Children Present: 8 # 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 <u>[Signature]</u>
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Purpose of visit: Case #2022 - 995

Observations/Corrections needed:

Ⓟ 19a-87b-5(c) Nontransferability : pending due to further investigation.

Ⓟ 19a-87b-6(e) Judgement : pending due to further investigation.

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: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)