

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

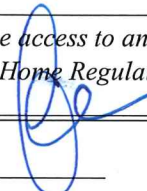
**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Xiomy A. Auqui De La Cruz Date: 12/20/22 Time: 9:10am

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

e-mail address: xiomyaylinauqui@gmail.com License #: 57631 Expiration Date: 3/31/26

Capacity: 613 # of Children Present: 34 # of Staff Present: 2

<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> Provider/Applicant/Substitute's Signature 
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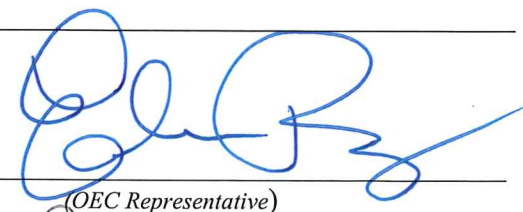
Purpose of visit: Follow-up Case #2022-955

Observations/Corrections needed:


19a-87b-6(e) Judgment: Provider failed to share  
with specialist during visit done on 11/22/2022  
Four ~~three~~ children that were enrolled and attending  
during the month of October 2022. Provider  
omitted the children from the enrollment given  
to specialist.

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:   
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/3/2023

Signature:   
(Person in Charge)