

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: 12/20/22 Time: 9:10A

Location Address: 287 Collins St. Hartford CT 06105 Telephone #: 202.760.7091

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

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

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: [Signature]

Purpose of visit: Follow up From full completed on 11/22/22

Observations/Corrections needed:

- 46. Observed water temperature at 140°
- 54. 2 children do not have current physicals
- 55. 2 children do not have Immunizations
- 56. 1 child doesn't have Emergency permission completed

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: 1/3/23

Signature: [Signature]
Print Name: Juanita Lopez (OEC Representative)
Signature: [Signature]
Print Name: Xiomy (Person in Charge)