

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: 4/13/23 Time: 2040

Location Address: 287 Collins St. Hartford Telephone #: 202 760 7091

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

Capacity: 6/3 # of Children Present: 7+1⁺ # of Staff Present: 2+1

**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 X [Signature]

Purpose of visit: Investigation X2023-300

Observations/Corrections needed:

S 19a-87b-10(4) Incident Logs Provider failed to utilize incident logs to document unusual behaviors of child such as hitting in the face or bleeding earlobes.

NS 19a-87b-10(h) Information and Access: not substantiated due to ongoing investigation.

NS 19a-87b-10(3) Immediate Attention: not substantiated due to ongoing investigation.

Discussions:

Immediate access was discussed, staff must allow access immediately. Provider was not home at specialists' arrival. Arrived shortly after, stated was at an appointment.

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: 4/27/25

Signature: [Signature]
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Xiomy A. Augui Delacruz License # 57631 Date: 4/13/23

Observations/Corrections needed:

Other violations cited during visit:

#19 Knowledge of Regulations: Staff present was unaware of childrens names and ages as well as infant feeding. Infant was found in car seat drinking a bottle of milk. Infant is 7 months of age and was under substitute's care.

#54 Child medical incomplete for three children.

#55 child immunizations incomplete for one child.

#56 Emergency permission incomplete for one child

#57 Authorized ^{release} incomplete for one child

#58 Transportation permission missing for one child.

#71 ~~Prn~~ Substitute failed to hold infant for feeding.

#81 Provider and staff failed to maintain supervision when infant household member was sleeping alone upstairs and school age son age 10 upstairs alone.

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Signature: [Signature]
Print Name: Eileen Ruiz Carmen E. Gonzalez
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/27/23

Signature: [Signature]
Print Name: Xiomy
(Person in Charge)