

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: 4/17/23 Time: 10:11a

Location Address: Xiomayaylin auqui@gmail.com Telephone #: 202-760-7091

e-mail address: 287 Collins St Hartford License #: 51431 Expiration Date: 3/31/26

Capacity: 4/3 # of Children Present: 5 # 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 Xiomy A. Auqui

Purpose of visit: X2023-311 Investigation

Observations/Corrections needed:

⑤ 19a-87b-10(k)(3) Child Protection: Provider failed to report actual or suspected child abuse or neglect, or risk of harm of any child to DCF as mandated by sections 17a-101 to 17a-101e (reports must be done verbally by 12 hours and by 48 hours written on a DCF-136 Form)

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: 5/11/2023

Signature: Eileen Ruiz  
(OEC Representative)  
Print Name: Eileen Ruiz / Anarish Lopez  
Signature: Xiomy  
(Person in Charge)  
Print Name: Xiomy