

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cruz O'neal Date: 6/23/23 Time: 1:37pm
Location Address: 142 McClintock St. New Britain Telephone #: 860 505 5712
e-mail address: cruzgarido.cg@gmail.com License #: 57527 Expiration Date: 8/31/25
Capacity: 6/3 # of Children Present: 8 # of Staff Present: 2

**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: Follow up - capacity

Observations/Corrections needed:

— No violations during visit —

- Provider is still away. two approved staff present.

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: _____

Signature: [Signature]

(OEC Representative)

Print Name: Eileen Ruiz

Signature: [Signature]

(Person in Charge)

Print Name: Julene Alcantara