

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cruz O'neal Date: 7/28/23 Time: 2:7p

Location Address: 142 McClintock St New Britain Telephone #: 800-505-5712

e-mail address: cruzgamido.cg@gmail.com License #: 57527 Expiration Date: 8/31/25

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

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 to inspection 6/16/2023 -
blanket/cnb sheets

Observations/Corrections needed:

#4 Provider was observed alone with 7 children present. Substitute stepped out in an uber to run an errand.

#28 Provider utilizes living room to nap children in cribs. Electrical wires and an extension cord is accessible under the TV display and on coffee table.

#13 All three cribs observed with sheets that do not snugly fit the mattresses.

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: 8/11/2023

Signature: [Signature]
(OEC Representative)
Print Name: Eitany Ruiz / Jay Penin
Signature: [Signature]
(Person in Charge)
Print Name: CRUZ ONEAL