

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Arnaldo Santos Date: 4/4/22 Time: 11:20
Location Address: 43 Eldridge St Wob Telephone #: 208.206.6478
e-mail address: RaFo1013@outlook.com License #: 57077 Expiration Date: 2-8-22
Capacity: 6+3 # of Children Present: 8 # of Staff Present: 1/2

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: Arnaldo Santos

Purpose of visit: Follow up from Fall

Observations/Corrections needed:

- 4. AS I entered care area, I observed 8 children in care, and one staff.
- 19. Later on in inspection observed unapproved staff caring for kids.
- 56. 6 of 10 kids do not have Emergency permission complete.
- 54. 3 of 10 kids don't have health records.
- 55. 9 of 10 kids don't have complete Immunizations.
- 58. 2 of 10 kids don't have written permission to - From school.

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: 4/18/22

Signature: J. Lopez
(OEC Representative)
Print Name: Johenish Lopez
Signature: Arnaldo Santos
(Person in Charge)
Print Name: Arnaldo Santos