

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Aida Santana Date: 4/26/22 Time: 2:02pm

Location Address: 227 Flatbush Ave. Telephone #: 960 833 9086

e-mail address: aidasantana18@gmail.com License #: 31051 Expiration Date: 5/31/22

Capacity: 6+3 # of Children Present: 1 # 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: Aida Santana

Purpose of visit: Follow-up to visit on 3/1/22  
to review and pick-up CAP

Observations/Corrections needed:

(NS) #33 In compliance. Observed evacuation drills log with an entry from 3/5/22.

(NS) #51 In compliance. Observed Rabies certificate-current

(NS) #54 Observed current health record for the child who needed one.

(NS) #55 Observed current vaccine record for the child who needed one.

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: P/A.

Signature: Carmen E. Valeruela  
(OEC Representative)

Print Name: Carmen E. Valeruela

Signature: Aida Santana  
(Person in Charge)

Print Name: Aida Santana