

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Armando Santos Date: 4/25/22 Time: \_\_\_\_\_

Location Address: 43 Elchridge St. Wobey Telephone #: 203.206.6478

e-mail address: RaFOLD13 @ outlook.com License #: 57077 Expiration Date: 28.22

Capacity: 6+3 # of Children Present: 7 # of Staff Present: 2

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: <u>Armando Santos</u>
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Purpose of visit: Follow up From Full

Observations/Corrections needed:

- 54. 1 of 10 Kids don't have health Records
- 55. 1 of 10 Kids don't have Current Immunizations.
- 58. 1 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: 5.9.22

Signature: J. Lopez

Print Name: JANARISH LOPEZ  
OEC Representative

Signature: Armando Santos

Print Name: Armando Santos  
(Person in Charge)