

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Arnaldo R. Santos Date: 8/2/22 Time: 11:10A  
Location Address: 43 Eldridge St Waterbury Telephone #: 203-206-6478  
e-mail address: Baf01013@outlook.com License #: 57077 Expiration Date: 6/30/26  
Capacity: 6<sup>+3</sup> # 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: Arnaldo Santos

Purpose of visit: Partial from Full inspection

Observations/Corrections needed:  
- NO violations found at time of visit -

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