

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maritza Mojica Date: 7.26.21 Time: 8:40

Location Address: 123 Fern St Woburn Telephone #: (203) 596-1478

e-mail address: None License #: 54871 Expiration Date: 7.21
9.30.22

Capacity: 6+3 # of Children Present: 0 # 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: Maritza Mojica

Purpose of visit: Follow up from unannounced Full

Observations/Corrections needed:

- No violations found at time of inspection.

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: [Signature]
Print Name: J. Lopez
(OEC Representative)

Signature: Maritza Mojica
Print Name: Maritza Mojica
(Person in Charge)