

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bina Garcia Morel Date: 8/24/22 Time: 2:20pm
Location Address: 185 Birchwood St Woburn Telephone #: 646-420-7232
e-mail address: Yina22@hotmail.com License #: 57318 Expiration Date: 9-30-24
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

**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: Bina Garcia Morel

Purpose of visit: Follow up from fall -

Observations/Corrections needed:

- No violations - end of 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: [Signature]
(OEC Representative)
Print Name: Janeen Sh 1922
Signature: [Signature]
(Person in Charge)
Print Name: _____