

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria X Mirabal Date: 12/20/22 Time: 3:35pm.

Location Address: 45 Honore ST East Haverford. Telephone #: 860967 8956

e-mail address: maria.mirabal67@gmail.com License #: 55326 Expiration Date: 1/31/26

Capacity: 6+3 # of Children Present: 10 # 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 _____

Purpose of visit: Follow-up for Capacity.

Observations/Corrections needed:

19 a-87b-5(d)(B) Observed five children school age, and five regular capacity.

Upon arrival there were nine children, four school age capacity; a few minutes later one more school age child arrived.

The school age children present are not provider's own children.

53 observed no enrollment for one child, school age.

54 Observed no health record for one child, school age.

55 Observed no immunizations for one child, school age.

56 Observed no emergency permissions for one child, school age.

57 Observed no authorized release for one child, school age.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: *Carmon Elva Obregón*
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/3/23

Signature: *Maria Mirabal*
(Person in Charge)