Rdoddsonrad

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Willowtree Montessori Date: 10/28/21 Time: 12:15

Location Address: 71 Amity Rd Bethany Telephone #: (203) 393-3100

e-mail address: wtmontessori@wtm.earth License #: 70312 Expiration Date: 8/31/24

Capacity: 59 # of Children Present: 0 # of Staff Present: 7

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 to 9/20/21 Full Inspection

Observations/Corrections needed:

(1) Local health - in compliant
(2) New staff orientation - in Compliance
(3) Annual staff training - In Compliance
(7) paily attendance - In Compliance
(24) CPR staff - In compliance
(25) 1st Aid staff - In Compliance
(32) Enrollment forms - In Compliance
(38) Care Plans - In Compliance
(101) In Compliance. Staff trained in injectables
(102) Medications - In Compliance
(9) Fire Marshall - In Compliance
BCIS and Background Check - discussed
Discussed: vaccine and authetication form

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: N/a

Signature: Jaime Fortin (OEC Representative)
Print Name: Jaime Fortin
Signature: Carol Sloman (Person in Charge)
Print Name: CAROL SLOMAN