

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Hudson County Montessori School Date: 11/22/21 Time: 9:45  
Location Address: 44A Shelter Rock Rd. Danbury Telephone #: 203-744-8088  
e-mail address: megin@hudsoncounty.org License #: 14318 Expiration Date: 1/31/24  
Capacity: 22/65 # of Children Present: 97 # of Staff Present: 20(3)

**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 \_\_\_\_\_

Purpose of visit: partial inspection safe sleep

Observations/Corrections needed:

no violations at this time 4:2  
4:1  
8:3  
13:2  
1:1  
14:2  
15:2  
10:1  
13:2  
15:2  
9:2

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: [Signature]  
(OEC Representative)  
Print Name: Kristi Morgan  
Signature: [Signature]  
(Person in Charge)  
Print Name: Megin Meyer