

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Belden Hill Montessori Date: 3/18/22 Time: 8:15am

Location Address: 48 New Canaan Rd. Wilton, Ct 06897 Telephone #: (203) 762-8500

e-mail address: beldenhillmontessori@gmail.com License #: 16569 Expiration Date: 9.30.22

Capacity: 24 # of Children Present: 0 # 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: Announced Follow Up

Observations/Corrections needed:

Impact absorbing material not observed at inspection dated 3.14.22 due to ground being frozen.

88 - In compliance at this visit

Children have not arrived yet

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: Jenni R Roberts

Signature: [Signature]
(Person in Charge)

Print Name: Carol Lenihan