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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mount Hope Montessori School Date: 4/19/22 Time: 8:45

Location Address: 48 Bassetts Bridge Rd., Mansfield Telephone #: 860-423-1070

e-mail address: mthopemontessori@snet.net License #: 12892 Expiration Date: 10/31/25

Capacity: 60 # 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: Follow up to inspect playgrounds

Observations/Corrections needed:

Follow up to 2/7/22 inspection, playgrounds not inspected due to snow cover.

#88- 2 small plastic climbers without impact material.

Discussed- outdoor wooden equipment could use cleaning.

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: 5/3/22

Signature: Linda Moylan
(OEC Representative)

Print Name: Linda Moylan

Signature: Erin Clark
(Person in Charge)

Print Name: Erin Clark