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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maple Hill Montessori School of Reading Date: 4/13/22 Time: 12:00

Location Address: 25 Cross Hwy Reading Telephone #: _____

e-mail address: _____ License #: 70545 Expiration Date: 4/30/24

Capacity: 40/8 # of Children Present: 25 # of Staff Present: 4

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: 3 month partial - ratio

Observations/Corrections needed:

In Compliance 21:3

4:1

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: 7/19

Signature: _____ *(OEC Representative)*

Print Name: Kristen Morgan

Signature: _____ *(Person in Charge)*

Print Name: Jodi Barry