

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hudson Country Montessori Date: 6/19/22 Time: 12:30

Location Address: 44A Shelter Rock Rd Danbury Telephone #: (203) 744-8088

e-mail address: megie@hudsoncountry.org License #: 14318 Expiration Date: 1/31/26

Capacity: 212 # of Children Present: 93 # of Staff Present: 18

**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 Ratio/Supervision

Observations/Corrections needed:

per staff children only leave room to go to office, etc with a staff member Ratio/Supervision in compliance at visit

19a-79-10 (#129) [crib used for infant sleep] Infant observed sleeping in Bouncy Chair and not a crib

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: 6/23/22

Signature: Jaime Fortin

Print Name: Jaime Fortin
(OEC Representative)

Signature: Megie Meyer

Print Name: Megie Meyer
(Person in Charge)