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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Montessori Circle of Friends Date: 9/20/22 Time: 2:20pm

Location Address: 25 W. Main St. Chester 06412 Telephone #: 860-526-9995

e-mail address: marthak1965@gmail.com License #: 70367 Expiration Date: 8/31/25

Capacity: 48 # of Children Present: 15 # of Staff Present: 3

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: Fence follow up to inspection dated 5/24/22

Observations/Corrections needed:

- Observed fence to now be at 4ft

Discussion

maintenance of fence at 4 ft.

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: _____ *(OEC Representative)*

Print: Ed Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A.

Signature: _____ *(Person in Charge)*

Print: M. Krane