☐ 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: 3/28/22 Time: 11:45

Location Address: 25 Cross Highway Reading Telephone #: _____

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

Capacity: 40/8 # of Children Present: 14 # 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: follow up on ratio + measuring split in playground.

Observations/Corrections needed:

~~83.7 x 80.5 = 6737.85 ÷ 75 = 8~~ (KM) 14:3

preschool side:

83.7 x 80.5 − (42.2 x 48.6) = 4686.93 ÷ 75 = 62.49 OK 62

First side

6737.85 − 2050.92

Toddler side:

42.2 x 48.6 = 2050.92 ÷ 75 = 27.3 under 3 OK 8 OR 3+over 27

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: _____ *(OEC Representative)*

Print Name: Kristi Morgan

Signature: _____ *(Person in Charge)*

Print Name: Jodi Barry