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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mount Hope Montessori School Date: 2/16/23 Time: 1:15

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

e-mail address: mthopemontessori@snet.net License #: 12892 Expiration Date: _____

Capacity: 60 # of Children Present: 9 # 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: Follow up to 12/6/22 fall

Observations/Corrections needed:

Check CAP items.

#2&3- Observed policy review.

5- Completed.

7- Observed signed in.

(13)- Plan posted not complete.

16- TB test results observed.

18B- Observed current.

(27)- No health consultant visit for January

(58)- 8" of impact material not observed.

(89)- Caution tape removed. Fabric observed and Painting of metal not observed=rust.

113- Overstaffing occuring and sink in process of being set up for installation.

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: Linda Maylan
(OEC Representative)
Linda Maylan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/2/23

Signature: Erin Clark
(Person in Charge)