

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Belden Hill Montessori   Date: 10/24/23 Time: 9:15 am  
Location Address: 48 NewCanaan Rd. Wilton, CT 06897   Telephone #: (203) 762-8500  
e-mail address: beldenhillmontessori@gmail.com   License #: 16569   Expiration Date: 9.30.26  
Capacity: 24   # 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: Capacity, and supervision follow up  
BCIS, ratio

Observations/Corrections needed:

19a-79-3a (a) Capacity = observed 25 children  
21- In compliance at this visit  
18b - Observed some staff that did not submit a background check providing direct care  
5- Toasting table policy implemented as observed

Discussed: immediate correction, CAP form due date

**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: [Signature]  
*(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11.7.23

Signature: [Signature]  
*(Person in Charge)*