

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Great Beginnings Montessori School Date: 11/29/23 Time: 1:30 pm
Location Address: 148 Beach Rd Fairfield, Ct. 06824 Telephone #: (203) 254-8208
e-mail address: KarenC@greatbeginnings^{montessori}.com License #: 14475 Expiration Date: 3-31-25
Capacity: 79 # of Children Present: 27 # of Staff Present: 5

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
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Purpose of visit: Ratio and BCIS follow up

Observations/Corrections needed:

19a-79-3a (a) in compliance at this visit
18b - Observed same staff who is in "needs bc" status
providing direct care to a child

21 - In compliance at this visit

Discussed: Staff in needs bc status cannot provide direct care to children

Observed candle burning in directors office - fire marshal approval required
extinguished at visit

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

Signature: Terris K Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12-13-23

Signature: K. Crown
(Person in Charge)