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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Childrens Tree Montessori Date: 10/21/24 Time: 3:35

Location Address: 96 Essex Road Old Saybrook Telephone #: 860 388 3536

e-mail address: childrenstree.org License #: 16405 Expiration Date: _____

Capacity: _____ # 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: follow-up 2024-1036

Observations/Corrections needed:

(S) 19a-79-3a(a) Administration - Ensuring health, safety and development of children.

On October 3, 2024, program was cited for no vaccination record for one child and a thorough discussion was held regarding religious exemptions. Staff was unable to locate child file and four additional files were reviewed where children are not current on vaccines. all five children were present today.

(P) 19a-79-4a(b)(1) Staffing - Background checks

Follow up on background checks conducted. pending parent interviews

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: 11-4-24

Signature: _____
(OEC Representative)
Print Name: Carolynne Deloreto

Signature: _____
(Person in Charge)
Print Name: Caila Martindale