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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Tree Montessori Date: 11/26/24 Time: 10:45

Location Address: 96 Essex Road, Old Saybrook Telephone #: 8603883536

e-mail address: marci@childrenstree.org License #: 164105 Expiration Date: 8/31/25

Capacity: 90/23 # of Children Present: 44 # of Staff Present: 10

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 There are three children attending regularly without proper vaccinations or medical exemptions.

(NS) 19a-79-4a(6)(i) Staffing - background checks Program roster provided. One substitute and two new staff are pending and are not hands on with children.

(S) 19a-79-5a(a)(2)(E) Record keeping - immunizations Two children's immunizations are now in compliance. Three children do not have current immunizations, or catch up vaccine schedules or valid medical exemptions.

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: 12-10-24

Signature: Carolynne DeLoreto
(OEC Representative)
Print Name: Carolynne DeLoreto

Signature: marci martindale
(Person in Charge)
Print Name: Marci Martindale