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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Willow Tree Montessori Date: 1/14/25 Time: 9:10

Location Address: 171 Amity Rd. Bethany Telephone #: 203-393-3100

e-mail address: WTMontessori@WTM.com License #: 70312 Expiration Date: 8/31/25

Capacity: 71/12 # of Children Present: 34 # 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*** _____

Purpose of visit: follow up on ~~full~~ partial inspection

Observations/Corrections needed:

25:1 follow up on ratio, group size, supervision
6:2 + Fencing.
3:1 All in compliance today.

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: N/A

Signature: _____
(OEC Representative)
Print Name: Kristi Morgan

Signature: _____
(Person in Charge)
Print Name: Rhonda Bielik