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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ridgefield Montessori Date: 2/25/25 Time: 11:55

Location Address: 96 Danbury Rd Ridgefield Telephone #: 203 438-4506

e-mail address: ctangoe ridgefield montessori.com License #: 16711 Expiration Date: 10/31/25

Capacity: 80 # of Children Present: 43 # of Staff Present: 12

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 to Partial Inspection 1/25/25

Observations/Corrections needed:

118(c)(2): ratios: in compliance at visit

119(c)(3) group size: not in compliance - observed sign in sheet with 12 children and verified with staff 12 children were present today. Room currently approved for only 10 two year Olds.

120(c)(4) physical barriers - Classroom 2 - per staff operating as 2 classrooms of 8 and 4. Physical Barrier not inspected/approved and gate not observed to complete Barrier.

19a-79-10(d)(1)(a): extra staff in compliance at visit.

10(c)(1-4) Notification of change not submitted for classroom 2 Barrier and increase in classroom capacity from 10 to 12.

44. 19a-79-7a(b)(1-5) Per Corrective Action Plan submitted 2/12/25. Program placed a physical barrier in Classroom 2 for a 8/4 class ratio without Obtaining Local Health + Fire Marshall approvals.

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: 3/11/25

Signature: Jaime Fortin (OEC Representative) Kristin Morgan

Print Name: Jaime Fortin

Signature: Catherine Tango (Person in Charge)

Print Name: Catherine Tango