

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Guidepost Montessori Date: 5/1/25 Time: 1:30

Location Address: 221 Dambury Rd. Telephone #: ~~203~~ 475-259-<sub>3001</sub>

e-mail address: Wilton-Leadership@guidepostmontessori.com License #: 70783 Expiration Date: 9/30/28

Capacity: 5432 # of Children Present: 37/25 # of Staff Present: 10

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: follow up on ratio + fencing

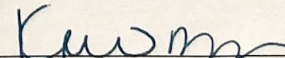
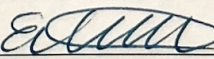
**Observations/Corrections needed:**

19a-79-7a(h)(7)(A) - observed brick wall as part of  
fencing less than 4 feet.

**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: 5/21/25

Signature:   
(OEC Representative)  
Print Name: Krisni Morgan  
Signature:   
(Person in Charge)  
Print Name: Ellie Rappaport