

☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's House of Montessori Date: 5/21/25 Time: 1:03
Location Address: 1666 Litchfield Trk 06525 Telephone #: 203-397-8178
Woodbridge
e-mail address: office@childrenshousect.org License #: 15455 Expiration Date: 9/30/26
Capacity: 76 # 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 PA

Purpose of visit: Follow up to inspection 1/15/25

Observations/Corrections needed:

- ✓ #1: Local health inspection in compliance at this visit dated 9/8/23 - OK ✓
- ✓ #4: employee orientation in compliance at this visit - OK ✓
- Ø #5: Annual training 1 out of 4 annual training of Policies not observed Ø
- ✓ #7: Parents informed of behavior management techniques in compliance at this visit - OK ✓
- ✓ #10: notification of change in compliance at this visit - OK ✓
- Ø #35: Consultant agreements/duties not in compliance when current health consultant with new required duties not observed for health consultant.

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: 6/6/25

Signature: Fil Montanye

(OEC Representative)

Print Name: Fil Montanye

Signature: Cindy Laplante

(Person in Charge)

Print Name: Cindy Laplante

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's House of Montessori License # 15455 Date: 5/21/25

Observations/Corrections needed:

- ✓ #38 - children's health records in compliance at this visit - OK
- ✓ #40 - individual care plans in compliance at this visit - OK ✓
- ✓ #64 - approvals from OEC on renovations in compliance at this visit. Program went back to original set up. OK - ✓
- #12 - staff sign in and out
- ✓ #19 - adult medical statement in compliance at this visit - ✓
- ✓ #21 - documentation of back ground check - in compliance at this visit - OK ✓
- ✓ #22 - evidence of compliance for BCIS in compliance at this visit - OK ✓
- ✓ #24 - Designated Head teacher in compliance at this visit - OK ✓

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Signature: Fil Montanye

(OEC Representative)

Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Cindy Taylor

(Person in Charge)

OEC BY: 6/6/25Print Name: Cindy Taylor

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's House of Montessori License # 15455 Date: 5/21/25

Observations/Corrections needed:

Φ #33 - 1% Professional Development not in compliance at this visit when 1 out of 4 staff did not have documentation of 1% Professional Development - Φ

✓ #166 - walls in compliance at this visit - OK ✓

✓ #109 - impact absorbing material for indoor climber ok at this visit

✓ #111 - shock absorbing material outdoors in compliance at this visit - OK ✓

✓ #139 - measures in place to ensure health + safety of children under 3 on playground in compliance at this visit - OK ✓

Additional violations: Program not in compliance with:

Φ #118 - under 3 ratios when upon arrival observed 5 two year olds asleep with a 0:3 ratio. Classroom teacher was in hallway.

Φ #28 - Supervision when upon arrival observed 5 two year olds in room sleeping without staff present. Teacher observed in hallway.

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Signature: Fil Montanye

Print Name: Fil Montanye
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Cindy Taylor

OEC BY: 6/6/25

Print Name: Cindy Taylor
(Person in Charge)