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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's House of Montessori Date: 5/22/25 Time: 1:49pm

Location Address: 1666 Litchfield TPKE Woodbridge Telephone #: 203-397-8178

e-mail address: office@childrenshouse.org License #: 1545 Expiration Date: 9/30/26

Capacity: 76 # of Children Present: 14 # 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*** NA

Purpose of visit: follow up to inspection dated 5/21/25

Observations/Corrections needed:

✓ #27 ratio (nap time) in compliance at this visit - OK ✓

✓ #28 supervision in compliance at this visit - OK ✓

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: NA

Signature: _____ *(OEC Representative)*

Print Name: Cindy Taylor

Signature: _____ *(Person in Charge)*

Print Name: Fil Montange