

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Montessori School on Edgewood Date: 6/13/25 Time: 10:15

Location Address: 230 Edgewood Ave New Haven Telephone #: 203 772-3210

e-mail address: cmalm@snet.net License #: 16274 Expiration Date: 4/30/29

Capacity: 59/24 # of Children Present: 43/19 # of Staff Present: 10+

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Follow-up visit for investigation 2025-370

**Observations/Corrections needed:**

(NS) 19a-79-10(c)(2) Ratios - operator in compliance at time of visit.

(NS) 19a-79-10(g)(1-8) Safe sleep - no sleeping infants observed Pack n' plays in good repair at time of visit.

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: Karen Hicks  
(OEC Representative)  
Print Name: Karen Hicks  
Signature: Cecile Malin  
(Person in Charge)  
Print Name: CECILE MALIN