

Connecticut Office of Early Childhood  
Division of Licensing  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Belden Hill Montessori Date: 11/13/23 Time: 11:25am  
Location Address: 48 New Canaan Rd Wilton, Ct. 06897 Telephone #: (203)762-8500  
e-mail address: beldenhillmontessori@gmail.com License #: 16569 Expiration Date: 9-30-26  
Capacity: 24 # of Children Present: 26 # of Staff Present: 4

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Capacity, ~~Site~~ BCIS Follow Up

Observations/Corrections needed:

19a-79-3a (a) - Observed 26 children, program licensed for 24  
18b - in compliance at this visit  
S=19a-79-4a (c)(4)(b) observed children unsupervised in the  
hallway while they were dressing themselves to go outside

Discussed:  
Program increase request is not approved at this time-  
Program is not AMS accredited as confirmed with AMS  
on 11-13-23, program is currently working toward accreditation.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: A. Roberts  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: CHP form due by

Signature: Sara A. Flanagan  
(Person in Charge)

11-27-23  
immediate corrections for above