



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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**CHILD CARE CENTER/GROUP CHILD CARE HOME
 SUPPLEMENTAL INSPECTION**

Program Name	HUDSON COUNTRY MONTESSORI SCHOOL				License Number	DCCC.14318	Date of Inspection	05/14/2024
					Expiration Date	1/31/2026	Time of Inspection	12:53 PM
Address	44A SHELTER ROCK RD DANBURY CT 06810-7050				Telephone	(203) 744-8088	Total Capacity	207
					Days and Hours	M-F 7:00AM - 5:30PM	Under Three Capacity	85
#Children Present	136	# Under 3 Present	47	# Staff Present	21	Summer Care	Open	
Purpose of Inspection	Follow up on background checks and supervision				Name of Inspector	Kristi Morgan		
Program's Email	megin@hudsoncountry.org				Inspector's Email	kristi.morgan@ct.gov		

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings – Regulations In Compliance	
Statute and/or Regulation: [19a-79-4a(b)]	Description: 018b-Background Checks
Statute and/or Regulation: 19a-79-4a(c)(4)(D)	Description: 021b-Supervision

Statute and/or Regulation: [19a-79-7a(g)(4) and/or 19a-79-7a(h)]	Description: 089-Playground Free From Hazards
Statute and/or Regulation: [-]	Description: 164-CO/NCAP Compliance Violation(s)
Statute and/or Regulation:	Description:
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
DISCUSSIONS/COMMENTS	
NOTE: Items left blank on this form were not monitored during this visit. Only the regulations marked as compliant or non-compliant were monitored or discussed.	
APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
 (Signature of OEC Representative)	 (Signature of OEC Representative)
Kristi Morgan (Printed Name)	Kristi Morgan (Printed Name)
DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
	Megan meyer (Printed Name)