

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: Hudson Country Montessori School Date: 2/5/25 Time: 11:00

Location Address: 44A Shelter Rock Rd. Danbury Telephone #: 203 744-8088

e-mail address: megin@hudsoncountry.org License #: 14318 Expiration Date: 1/31/26

Capacity: 207/85 # of Children Present: 138/59 # of Staff Present: 24+

**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 _____

Purpose of visit: Investigation 2025-105

Observations/Corrections needed:

(NS) 19a-79-3a(b) Overall management and operation following all state/local laws - insufficient evidence to support a regulatory violation.

(S) 19a-79-3a(d) Implement program policies - On 2/3/25, program did not meet their ratio of 1 to 8 in Toddler 1 room

(KA) ~~(or the 1:4 ratio in the Toddler room when Toddler 1 was)~~ when a ratio of 19:2 was in place.

On 2/5/25, Infant room with older babies had 2:9 ratio which exceeds their 1:4 ratio policy.

* Montessori exemption to state regulation for ratios and group size

(19a-79(c)) Program has own policy for ratios → Infant 1:4 Toddler 1:8 Preschool 1:15

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: Karen Hicks Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/19/25

Signature: Carla M. DiBlasi
(Person in Charge)
CARLA M. DiBlasi