



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	THE GODDARD SCHOOL - WILTON				License Number	DCCC.70209		Date of Inspection	08/29/2025	
					Expiration Date	10/31/2026		Time of Inspection	09:20 AM	
Address	385 DANBURY RD WILTON CT 06897-2511				Telephone	(203) 408-0865		Licensed Capacity	132	
					Hours of Operation	8:30 AM – 5:30 PM		Under Three Capacity	72	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 weeks years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No
					Program's Email	wiltonct@goddardschools.com				
Operator	BIG DREAMS, LLC				Director	KATE HUDSON				
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Bridget Merrill				
Numbers of Staff/Children Present	# Children Present under age 3	39	# Total Children Present	82	# of Staff Present	21	Purpose of Visit	Follow up to finish full inspection from 8-25-25 & verify compliance with rail, group size & physical barrier		

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-3a(b)(7)(B)] 007-Documentation of Behavioral Management Techniques Discussed with Parents
Statute and/or Regulation and Description:	[19a-79-3a(d)(2)-(7)] 011-Policies- complete, implemented

Statute and/or Regulation and Description:	[19a-79-4a(a)(1)]	019-Staff Health Records
Statute and/or Regulation and Description:	[19a-79-4a(a)(3)]	020-Disciplinary Actions
Statute and/or Regulation and Description:	[19a-79-4a(b)]	021- Comprehensive background checks
Statute and/or Regulation and Description:	[19a-79-4a(b)(2)]	021a-Past Employment History

DISCUSSIONS/COMMENTS

Follow up to unannounced full inspection from 8-25-25 to finish paperwork & verify compliance with ratio, group size & physical barriers for children under age 3. Observed ratio of 1:4, group size of 8 in room 6. Discussed making sure address of child appears on medication forms even if child has same address as parent signing the form & making sure child enrollment forms list doctor's name & phone number even though this information is listed on the child's physical form.

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative		Signature of Person in Charge	
Printed Name	Bridget Merrill	Printed Name	Katherine Hudson
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email:	bridget.merrill@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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