



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
 INVESTIGATION**

Program Name	THE GODDARD SCHOOL - FARMINGTON				License Number	DCCC.70142		Date of Inspection	10/14/2025		
					Expiration Date	10/31/2029		Time of Inspection	02:00 PM		
Address	6 BRIDGEWATER RD FARMINGTON CT 06032-2256				Telephone	(860) 674-4323		Licensed Capacity	158		
					Hours of Operation	7:00 AM - 6:00 PM		Under Three Capacity	86		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 - 7 weeks - years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	dfarmingtonct2@goddardschools.com					
Operator	SMART KIDZ ENTERPRISES, LLC				Director	COURTNEY V SCHIAVONE					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Jaime Fortin					
Numbers of Staff/Children Present	# Children Present under age 3	46	# Total Children Present	94	# of Staff Present	21	Purpose of Visit	Follow up to complaint inspection			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:


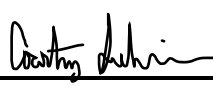
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Follow up on supervision. Staff in compliance at visit. No violation.

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.
--	-----------	--

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Jaime Fortin	Courtney Schiavone	Printed Name
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
---	--	---

OEC Representative's Email: jaime.fortin@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
--	--