



**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

Program Name	THE GODDARD SCHOOL OF STAMFORD				License Number	DCCC.70703		Date of Inspection	10/21/2025	
					Expiration Date	5/31/2027		Time of Inspection	10:59 AM	
Address	225 HIGH RIDGE RD STE 100W STAMFORD CT 06905-3000				Telephone	(203) 355-3969		Licensed Capacity	187	
					Hours of Operation	7:00 AM - 6:00 PM		Under Three Capacity	87	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks - 6 years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No
					Program's Email	dstamfordct2@goddardschools.com				
Operator	CHILDSPLAY STAMFORD, LLC				Director	CYNTHIA LOPEZ				
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Kristi Morgan				
Numbers of Staff/Children Present	# Children Present under age 3	66	# Total Children Present	152	# of Staff Present	43	Purpose of Visit	Investigation		

**SUBSTANTIATED VIOLATIONS**

Statute and/or Regulation and Description:	[19a-79-10(j)-(k)(1-5)]	136- Feeding
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Program not in compliance with maintaining a written feeding schedule for infants when an infant was not fed 1 of his scheduled bottles.

Statute and/or Regulation and Description:	
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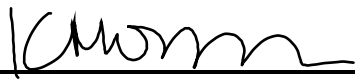

Statute and/or Regulation and Description:	
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<b>NOT SUBSTANTIATED or PENDING</b>	
<b>Statute and/or Regulation and Description:</b>	[19a-79-5a(a)(2)(E)] Not Substantiated <span style="float: right;">040- Individual Care Plan- signed by parents/staff</span>
<b>Statute and/or Regulation and Description:</b>	[19a-79-10(e)(1-10)] Not Substantiated <span style="float: right;">128- Diapering</span>

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**DISCUSSIONS/COMMENTS**

Were Violations cited during this visit? Y or N?	<b>Yes</b>	<b>NOTE:</b> * 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	<b>Kristi Morgan</b>	<b>Cynthia Lopez</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by: <b>11/04/2025</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>kristi.morgan@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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