



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- SOUTH WINDSOR				License Number	DCCC.70704		Date of Inspection	05/04/2026		
					Expiration Date	5/31/2027		Time of Inspection	11:52 AM		
Address	538 EVERGREEN WAY SOUTH WINDSOR CT 06074-6957				Telephone	(860) 783-4922		Licensed Capacity	188		
					Hours of Operation	7:00 AM - 6:00 PM		Under Three Capacity	98		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 - 8 weeks - years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	SouthWindsorCT@GoddardSchools.com					
Operator	ROSEWOOD HOLDINGS INC				Director	ANDREA PEARCE					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Dianna Wassenhove					
Numbers of Staff/Children Present	# Children Present under age 3	65	# Total Children Present	138	# of Staff Present	25	Purpose of Visit	Investigation 2026-398			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:

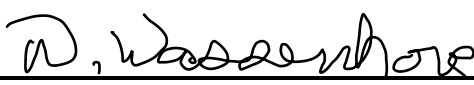

Statute and/or Regulation and Description:

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:	[19a-79-3a(b)(7)(E)] Pending 009-Mandated reporting
Statute and/or Regulation and Description:	[19a-79-3a(n)] Pending 016- Capacity
Capacity compliance is pending further investigation	

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

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	Dianna Wassenhove	Lauren Smallwood	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: dianna.wassenhove@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
-------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------