



**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- ORANGE				License Number	DCCC.16237		Date of Inspection	05/29/2026		
					Expiration Date	7/31/2030		Time of Inspection	08:05 AM		
Address	42 OLD TAVERN RD ORANGE CT 06477-3432				Telephone	(203) 795-5575		Licensed Capacity	124		
					Hours of Operation	7:00 AM - 6:00 PM		Under Three Capacity	48		
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	orangect2@goddardschools.com					
Operator	KICK START TO LEARNING LLC				Director	MELISSA MONTANARO					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Karen Kellerman					
Numbers of Staff/Children Present	# Children Present under age 3	10	# Total Children Present	31	# of Staff Present	14	Purpose of Visit	Follow up for supervision for case 2026-524			

**SUBSTANTIATED VIOLATIONS**

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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Statute and/or Regulation and Description:	
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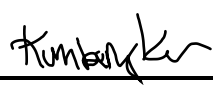
<b>Statute and/or Regulation and Description:</b>	
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<b>Statute and/or Regulation and Description:</b>	
<b>Statute and/or Regulation and Description:</b>	
<b>Statute and/or Regulation and Description:</b>	
<b>NOT SUBSTANTIATED or PENDING</b>	
<b>Statute and/or Regulation and Description:</b>	[19a-79-3a(d)(2)-(7)] Not Substantiated                      011-Policies- complete, implemented
<b>Statute and/or Regulation and Description:</b>	[19a-79-4a(d)(4)(D)] Not Substantiated                      028- Supervision


<b>Statute and/or Regulation and Description:</b>	[19a-79-5a(a)(3)(B)] Not Substantiated	042- Parent notification of illness or injury
<b>Statute and/or Regulation and Description:</b>		
<b>Statute and/or Regulation and Description:</b>		
<b>Statute and/or Regulation and Description:</b>		

**DISCUSSIONS/COMMENTS**

Program in compliance with supervision at this follow-up.

Were Violations cited during this visit? Y or N?	No	<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	Karen Kellerman	Kimberly Kick	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		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by:	<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: karen.kellerman@ct.gov	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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