

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 7-15-21 Time: 12:30

Location Address: 6 Bridgewater Rd., Farmington Telephone #: 860-674-4323

e-mail address: dfarmingtonct2@goddardschools.com License #: 70142 Expiration Date: 10-31-21

Capacity: 130 # of Children Present: 92 # of Staff Present: 21

**Consent to Inspect
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Case # 2021-393

Observations/Corrections needed:

S 19a.79.49(c)(4)(D) - supervision - a child was left unsupervised for 2 minutes in the classroom

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7-29-21

Signature: _____

(OEC Representative)
Print Name: Kevin Eddy

Signature: _____

(Person in Charge)
Print Name: Rakeshia Gregory