☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Goddard School Date: 8/3/21 Time: 1:45

Location Address: 66 Bridgewater Rd Farmington Telephone #: 8606744323

e-mail address: farmington ct @ goddardschools.com License #: 7042 Expiration Date: 10/30/21

Capacity: 130 # of Children Present: 87 # of Staff Present: 23

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: follow up to case 2021-231

Observations/Corrections needed:

(N/S) 19a-79-4a(c)(4)(D) Supervision

Program reports an incident on July 1st Staff was the same from this case Staff was terminated. Transition policy training staff wide conducted on 7/12/21. NO concerns noted at today's visit.

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

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

Signature: _____
(OEC Representative)
Carolynne Deloreto

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: _____
(Person in Charge)
Keshia Gregory