

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 7.30.21 Time: 9:30

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

e-mail address: d.farmingtonct2@goddardschools.com License #: 70142 Expiration Date: 10.31.21

Capacity: 130 # of Children Present: 78 # of Staff Present: 21

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: follow up to 7.15.21 visit. case #2021-393

Observations/Corrections needed:

NS 19a.79-4a(c)(4)(D) - supervision. Supervision not substantiated. observed proper supervision and ratios in all classrooms and outside. Director reported no supervision incidents since last 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(OEC Representative)
Print Name: Kevin Eddy
Signature: [Signature]
(Person in Charge)
Print Name: Courtney Schiavone