

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 11-1-21 Time: 1

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: 99 # of Staff Present: 19

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: 3 month follow up for case #2021-393

Observations/Corrections needed:

NS 19a.79.4a(k)(4)(D) - supervision - observed proper supervision and ratios at time of visit. Director reported no supervision incidents since last OEC 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: _____
(OEC Representative)
Print Name: Kevin Eddy
Signature: _____
(Person in Charge)
Print Name: Rakeshia Gwejaj