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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 3/22/22 Time: 8:45

Location Address: 1 Production Drive Bolton Telephone #: 203-740-8134

e-mail address: brookfield ct @goddardschools.com License #: 164721 Expiration Date: 11/30/25

Capacity: 130/54 # of Children Present: 69 # of Staff Present: 16(1)

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 on ratio.

Observations/Corrections needed:

19a-79-10(c)(3)

#111 - observed 9 infants in infant room.

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: 4/5/22

Signature: _____ *(OEC Representative)*

Print Name: Kristi Morgan

Signature: Mary Gernert *(Person in Charge)*

Print Name: Mary Gernert