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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 3/29/22 Time: 11:15

Location Address: 1 Production Drive Telephone #: 203-740-8136

e-mail address: brookfield@goddardschools.com License #: 16421 Expiration Date: 11/30/25

Capacity: 130/50 # of Children Present: 87 # of Staff Present: 16(2)

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: followup on group size

Observations/Corrections needed:

	15:2
in compliance	9:1
	15:2
	9:1
	13:2
	4:1
	4:2
	5:2
	4:2
	5:1

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: n/a

Signature: _____
(OEC Representative)
Print Name: Kristi Morgan

Signature: _____
(Person in Charge)
Print Name: Allison Dell