

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 4/13/22 Time: 1:00

Location Address: 288 Monroe Trke Monroe Telephone #: 203-544-2110

e-mail address: dmonroe@cgoddardschool.com License #: 70321 Expiration Date: 9/30/24

Capacity: 124 # of Children Present: 124 # of Staff Present: 20(3)

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>
--	---

Purpose of visit: follow up to full inspection - ratio

Observations/Corrections needed:

<u>in compliance</u>	<u>4:1</u>
	<u>8:2</u>
	<u>all sleeping - 7:1</u>
	<u>" - 7:1</u>
	<u>8:2</u>
	<u>8:3</u>
	<u>8:1</u>
	<u>19:2</u>
	<u>17:2</u>
	<u>16:2</u>
	<u>9:1</u>
	<u>13:2</u>

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: *Kwong*
(OEC Representative)

Print Name: Kristin Morgan

Signature: *Sarah Parker*
(Person in Charge)

Print Name: Sarah Parker