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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard Date: 6/29/22 Time: 3:00

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

e-mail address: dbrookfieldcr@goddardschools.com License #: 164121 Expiration Date: 11/30/25

Capacity: 130/54 # of Children Present: 69 # 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: Partial inspection on ratio + group size

Observations/Corrections needed:

in compliance today

1:2
10:1
19:4
7:1
6:2
7:2
5:2
4:2

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: Kristin Morgan

Signature: Mary Gernert
(Person in Charge)
Print Name: Mary Gernert