

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Goddard Date: 7/11/22 Time: 2:45

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

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

Capacity: 168/48 # of Children Present: 108 # of Staff Present: 18 (3)

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Partial inspection - ratio

Observations/Corrections needed:

Partial inspection on ratio - in compliance. 3:1  
7:2  
8:2  
4:1  
8:2  
19:2  
10:1  
17:2  
17:3  
15:2

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/n

Signature: [Signature]  
(OEC Representative)

Print Name: Knich Morgan

Signature: [Signature]  
(Person in Charge)

Print Name: Sarah Parker