

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School - Rocky Hill Date: 7-28-22 Time: 10:30
Location Address: 1155 Elm St. Ext., Rocky Hill Telephone #: 860-969 0300
e-mail address: drockyhillel@goddardschools.com License #: 70365 Expiration Date: 8-31-25
Capacity: 144 # of Children Present: 82 # of Staff Present: 17

**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: Case # 2022-525

Observations/Corrections needed:

S - 19a-79-3c(b)(8)(A) - staff did not manage child behavior using techniques based on developmentally appropriate practices when she grabbed a child's chin and yelled at the child

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: 8-11-22

Signature: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Ana DePonte