

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 2/15/23 Time: 9:15

Location Address: 39 Old Ridgeway Rd. Danbury Telephone #: 203-628-2000

e-mail address: danburyct@goddardschool.com License #: 70144 Expiration Date: 10/31/25

Capacity: 44/44 # of Children Present: 68 # of Staff Present: 15(L1)

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: Follow up on safe sleep

Observations/Corrections needed:

<u>In compliance</u>	<u>7:2</u>
	<u>3:1</u>
<u>Observed local health inspection dated</u>	<u>14:2</u>
<u>2/14/23</u>	<u>7:1</u>
	<u>4:2</u>
	<u>4:1</u>
	<u>7:2</u>
	<u>10:1</u>
	<u>4:2</u>
	<u>8:1</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/n

Signature: [Signature]
(OEC Representative)
Print Name: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Kelli Mingachos