

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 3/28/23 Time: 10:30
AM

Location Address: 20 Saugatuck Ave Westport Telephone #: 203 557 6400

e-mail address: DWestportICT@goddardschools.com License #: 70495 Expiration Date: 7/31/23

Capacity: 155/172 # of Children Present: 140 # of Staff Present: 28

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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Self-report Case 2023-235

Observations/Corrections needed:

⑤ 19a-79-3a(a) - Administration - Ensuring the health, safety, and development of children - Staff failed to ensure the health and safety of a child when they were fed another child's formula bottle.

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: 4/11/23

Signature: [Signature]
(OEC Representative)
Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)
Print Name: Nadig Manynovych