

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School - Fairfield Date: 4/21/23 Time: 11am
Location Address: 1280 Stratfield Rd. Fairfield, GA 30825 Telephone #: (703) 496-5500
e-mail address: fairfield@thegoddardschools.com License #: 70540 Expiration Date: 2-29-24
Capacity: 146 # of Children Present: 131 # of Staff Present: 26

**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: Group Size Follow Up

Observations/Corrections needed:

No Violations at this visit

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: Terril R Roberts
(OEC Representative)

Print Name: Terril R Roberts

Signature: Kim Sherman
(Person in Charge)

Print Name: Kim Sherman