

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Goddard Date: 5/22/23 Time: 12:00

Location Address: 39 Old Ridgebury Rd. Telephone #: \_\_\_\_\_  
Danbury, CT 06870

e-mail address: \_\_\_\_\_ License #: 70144 Expiration Date: 10/31/25

Capacity: 144/64 # of Children Present: 77 # of Staff Present: 17(2)

**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: 3 month partial - safe sleep

Observations/Corrections needed:

<u>In compliance</u>	<u>7:2</u>
_____	<u>18:2</u>
_____	<u>3:1</u>
_____	<u>8:1</u>
_____	<u>1:1</u>
_____	<u>2:1</u>
_____	<u>2:1</u>
_____	<u>3:1</u>
_____	<u>8:2</u>
_____	<u>6:2</u>
_____	<u>11:2</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/a

Signature: \_\_\_\_\_  
 (OEC Representative)  
 Print Name: Kevin Morgan  
 Signature: \_\_\_\_\_  
 (Person in Charge)  
 Print Name: Kellie Mingachos