

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School - Fairfield Date: 7/11/23 Time: 12:45 pm
Location Address: 1280 Stratfield Rd Fairfield, GA 30625 Telephone #: (703) 496-5500
e-mail address: fairfieldet@goddardschools.com License #: 70540 Expiration Date: 2.29.24
Capacity: 146 # of Children Present: 115 # of Staff Present: 18

**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 Partial

Observations/Corrections needed:

S=19a-79-3a(d)(5)(B) observed 5 children with blankets completely covering their heads. Unable to see them

S=19a-79-4a(c)(6) observed 5:1 (1 child awake) in Seals room,
observed 6:1 (1 child awake) in Turtle room
observed 6:1 (1 child awake) in Beluga room

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 _____

Signature: Terry R Roberts
(OEC Representative)
Print Name: Terry R Roberts
Signature: Kim [unclear]