

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 8/2/23 Time: 1:00 pm

Location Address: 6 Bridgewater Rd. Farmington Telephone #: 860 474 4323

e-mail address: dfarmingtonct2@goddard License #: 70142 Expiration Date: 10/31/25
Schools, LLC

Capacity: 130/40 # of Children Present: 87 # of Staff Present: 19

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 <u>N/A</u>
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Purpose of visit: Self-report Case 2023-681

Observations/Corrections needed:

⑤ 19a-7a-3a(a) - Administration - Ensuring the health, safety and development of children - Staff failed to ensure the health and safety of a child when they gave a child a cupcake with an egg allergy.

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: 8/14/23

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Courtney Schiavone