

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School - Fairfield Date: 8/7/23 Time: 1pm
Location Address: 1280 Stratfield Rd Fairfield, CT 06825 Telephone #: (203) 496-5500
e-mail address: fairfield.ct@goddardschools.wm License #: 70540 Expiration Date: 2.29.24
Capacity: 146 # of Children Present: 110 # of Staff Present: 20

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 _____
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Purpose of visit: Supervision Follow up and Naptime Ratio 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: [Signature]
(OEC Representative)
Print Name: Jerry K. Roberts
Signature: [Signature]
(Person in Charge)
Print Name: _____