

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 8/11/23 Time: 12:15 PM

Location Address: 6 Bridgewater Rd Farmington Telephone #: 860 674 4323

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

Capacity: 130/40 # of Children Present: 74 # of Staff Present: 15+

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: Complaint Investigation Case 2023-714

Observations/Corrections needed:

NS 19a-79-3a(d) - Administration - Program policies - No evidence that program did not follow their disenrollment policy when they removed a child from the programs.

S 19a-79-10(e) - Under three endorsement - Diapering and toileting - Staff failed to follow the programs diapering policy when they did not change a child's diaper for the 8 hours the child was present.

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: 8/25/23

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Alysa Hunter