

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Goddard School of Stamford Date: 8.28.23 Time: 8:55am

Location Address: 225 High Ridge Rd STE 100W Telephone #: 475.477.9510

e-mail address: dstamfordcr@goddardschools.com License #: 70703 Expiration Date: 5.31.27

Capacity: 180/50 # of Children Present: 95 # of Staff Present: 25

**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: Partial inspection - verifying group size / ratio

**Observations/Corrections needed:**

Program requested full inspection to be completed a different day. Program's first day in operation for this school year. Many new children and parents entering at the same time and a lot of foot traffic.  
OEC will comply with request. Supervisor approved.  
- Conducted walk through  
Ratio and Group size in compliance today.  
- No violations observed during walk through.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative) LON MANGANO

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: [Signature]

Signature: [Signature]  
(Person in Charge)