

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School of Stamford Date: 10/4/23 Time: 12:15

Location Address: 225 High Ridge Rd. Suite 100W Stamford Telephone #: 203 355-3969

e-mail address: d.stamford.ct2@goddardschools.com License #: 70703 Expiration Date: 5/31/27

Capacity: 180/80 # of Children Present: 106/ # of Staff Present: 27+

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Investigation 2023-872 self-report

Observations/Corrections needed:

⑤ 19a-79-3a(d) Implement policies - staff member failed to follow the program's policy on children's safety when staff member handled a child in a rough manner, dropping her to the ground and did not ensure child was safe on the floor before walking away. Same staff failed to follow program's cell phone policy when she was observed to be ^{on a} FaceTime call during working hours.

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: 10/18/2023

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Cyndy Lopez
(Person in Charge)

Print Name: Cyndy Lopez