

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School - Farmington Date: 10/30/24 Time: 9:47 am
Location Address: 6 Bridgewater Rd Farmington, CT 06032 Telephone #: (860) 74-4323
e-mail address: farmingtonct@goddardschools.com License #: 70142 Expiration Date: 10-31-25
Capacity: 124 # of Children Present: 98 # of Staff Present: 21

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: Self Reported Incident

Observations/Corrections needed:

S = 19a-79-3a (d)(5)(c) Program did not implement its indoor supervision policy when a child was left unsupervised in the bathroom for approximately three minutes

S = 19a-79-4a (d)(4)(D) A child was left unsupervised in the bathroom for approximately three minutes

NS = 19a-79-4a (d)(3)(A) Staff personal Qualities
NS = 19a-79-5a (a)(E)(3) Incident report

Program does not have video cameras
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)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11.13.24

Signature: [Signature]
(Person in Charge)