

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://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: 11/13/24      Time: 9:10 am  
Location Address: 6 Bridgewater Rd Farmington, CT 06032      Telephone #: (860) 674-4323  
e-mail address: farmington.ct@goddardschools.com      License #: 70142      Expiration Date: 10.31.25  
Capacity: 124      # of Children Present: 82      # of Staff Present: 20

<b>Consent to Inspect Family Child Care Home</b>	<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. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow Up to 10.30.24 Visit (Supervision)

Observations/Corrections needed:

\_\_\_\_\_  
\_\_\_\_\_  
No Violations at this visit  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: N/A

Signature: [Signature]  
(Person in Charge)