

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School - Fairfield Date: 1/6/25 Time: 1:53

Location Address: 1280 Stratfield Rd. Fairfield Telephone #: 203 496-5500

e-mail address: fairfieldct@goddardschools.com License #: 70540 Expiration Date: 2/29/28

Capacity: 168/58 # of Children Present: 140/49 # of Staff Present: 22

Consent to Inspect Family Child Care Home	<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: Investigation 2025-5 self-report to DCF

Observations/Corrections needed:

(S) 19a-79-4a(d)(4)(D) Supervision - regulation not met when a child was left unattended in a classroom for approx. 10 minutes.

(S) 19a-79-3a(d) Implement policies - staff member did not follow policy that requires head counts and name to face checks upon transitioning to new areas. This resulted in staff being unaware that a child had been left behind.

(NS) 19a-79-4a(a)(2) Professional development documentation - observed evidence of staff being trained on program's policies

(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: 1/20/2025

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Emma Jackson
(Person in Charge)
Print Name: Emma Jackson