

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School - Fairfield Date: 1/16/25 Time: 8:50
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: 106/47 # of Staff Present: 19

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: Follow-up for investigation 2025-5

Observations/Corrections needed:

(NS) Supervision 19a-79-4a(d)(4)(D) - Operator in compliance with supervision at time of visit.

(S) Ratio for under 3 room - 19a-79-10(c)(2) - Ratio for starfish room was not in compliance when 5 children were with one staff. Three children in room were not yet 2 years old.

(S) S = Substantiated (NS) 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: 1/30/2025

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