

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Fairfield Date: 1/31/25 Time: 2:35

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: 100/46 # of Staff Present: 18+

**Consent to Inspect  
Family Child Care Home**

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 \_\_\_\_\_

Purpose of visit: Follow-up 2 for investigation 2025-5

Observations/Corrections needed:

(NS) 19a-79-10(c)(2) Under 3 ratios - operator in compliance at time of inspection.

(NS) 19a-79-4a(d)(4)(D) Supervision - operator in compliance at time of inspection.

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: N/A

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Emma Jackson  
(Person in Charge)

Print Name: Emma Jackson