

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School - Farmington Date: 3/7/25 Time: 10:20am
Location Address: 6 Bridgewater Rd Farmington, CT 06032 Telephone #: 860-674-4323
e-mail address: farmingtonct@goddardschools.com License #: 70142 Expiration Date: 10.31.25
Capacity: 158 # of Children Present: 94 # 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: Partial - Supervision

Observations/Corrections needed:

No Violations at this visit

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: T. R. Roberts
(OEC Representative)

Print Name: Terri R Roberts

Signature: K. Ford
(Person in Charge)

Print Name: Kristina Ford