

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The Goodard School - Orange Date: 7/18/25 Time: 8:15 AM  
Location Address: 42 Old Tavern Rd. Orange, GA 06477 Telephone #: (203) 795-5575  
e-mail address: lorangeet@goodardschools.com License #: 16237 Expiration Date: 7-31-26  
Capacity: 124 # of Children Present: 28 # of Staff Present: 12

**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: Complaint Investigation Case 2025-729

Observations/Corrections needed: Program to email all interviewed staff statements and all correspondence to parents regarding this coxsack case.

NS = 19A-79-3a(a) ensuring the safety, health + development of children in care - No evidence to substantiate

NS = 19A-79-3a(d)(6)(B) Agreements with parents. No evidence to substantiate

S = 19A-79-5a(a)(3)(A) Illness reports not available for review

S = 19A-79-6a(b)(2) = Program not <sup>consistently</sup> isolating children as they are not physically separated.

NS = 19A-79-7d(e)(4) No evidence to substantiate program not washing <sup>any</sup> or disinfecting after diaper changes.

NS = 19A-79-7d(h)(1) No evidence to substantiate toys are not washed and sanitized

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: 8.1.25

Signature: \_\_\_\_\_  
(OEC Representative)  
Print Name: Jenni K Roberts  
Signature: \_\_\_\_\_  
(Person in Charge)  
Print Name: melissa montanaro