

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School of Stamford Date: 7/14/25 Time: 1:20

Location Address: 225 High Ridge Rd. St. 100W, Stamford Telephone #: 203 355-3969

e-mail address: d.stamford.ct@goddardschools.com License #: 70703 Expiration Date: 5/31/27

Capacity: 187/87 # of Children Present: 123/65 # of Staff Present: 27+

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 _____
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Purpose of visit: Investigation 2025-709 self-report

#### Observations/Corrections needed:

- (NS) 19a-79-5a(a)(2)(E) Individual plan of care - observed evidence of plan of care and staff signatures to acknowledge the special need.
- (NS) 19a-79-5a(a)(3)(A) Injury, illness, incident report - observed completed incident report.
- (NS) 19a-79-9a(b)(2)(A/B) Med administration training - observed current training on medication administration.
- (NS) 19a-79-9a(b)(3)(A-B) Auth prescriber/parent permission - observed completed permission for medications.
- (NS) 19a-79-9a(b)(4)(A/B) MAR - observed completed medication administration record.
- (NS) 19a-79-5a(a)(2) - Child health record - observed current child medical.
- (NS) 19a-79-5a(a)(1)(D) Emergency medical permission - observed complete permission.
- (S) 19a-79-3a(a) Ensure health + safety - regulation not met when staff offered a food with known allergens to a child who consumed the food and had an allergic reaction requiring medical intervention.

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: 7/28/2025.

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Jennifer Brackett  
(Person in Charge)

Print Name: Jennifer Brackett