☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School Date: 8/27/25 Time: 2:45

Location Address: 6 Bridgewater Rd. Farmington Telephone #: 860-674-4323

e-mail address: afarmingtonct2@goddardschools.com License #: 70142 Expiration Date: 10/31/29

Capacity: 158/86 # of Children Present: 85 # 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: Case 2025-385

Observations/Corrections needed:

19a-79-4a(d)(4)(D)- Staffing- Supervision -in compliance.

7:2
9:2
16:2
4:1
7:2
4:1
7:2
16:2
15:2

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: _____ (OEC Representative)

Print Name: Kristi Morgan

Signature: _____ (Person in Charge)

Print Name: Courtney Schiavone