

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Greenfield Hill Church Nursery School Date: 3/14/22 Time: 12:45pm  
Location Address: 1045 Old Academy Rd Fairfield, GA 30824 Telephone #: (203) 259-7597  
e-mail address: nurseryschool@greenfieldhillchurch.com License #: 16539 Expiration Date: 8.31.22  
Capacity: 71 # of Children Present: 16 # of Staff Present: 4

**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 - Ratio and 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: [Signature]

Print Name: Terri R Roberts  
(OEC Representative)

Signature: [Signature]

Print Name: Libby Hibbs  
(Person in Charge)