

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Greenfield Hill Church Nursery School Date: 3/25/22 Time: 10:45 am
Location Address: 10450 1d Academy Rd Fairfield, CT 06824 Telephone #: (203) 259-7597
e-mail address: nurseryschool@greenfieldhillchurch.com License #: 16539 Expiration Date: 8-31-22
Capacity: 71 # of Children Present: 49 # of Staff Present: 10

Consent to Inspect *I agree to allow the Office of Early Childhood to have access to and inspect this facility and all*
Family Child Care Home *child care records as required by Family Child Care Home Regulations.*

Provider/Applicant/Substitute's Signature

Purpose of visit: Verify compliance of # 88 (impact material)
that wasn't done at 3.4.22 visit
as ground was frozen.

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]
(OEC Representative)
Print Name: Terr R Roberts
Signature: Libby Hibbs
(Person in Charge)
Print Name: Libby Hibbs