

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Greenfield Hill Church Nursery School Date: 9/27/22 Time: 10:30am  
Location Address: 1045 Old Academy Rd Fairfield CT 06825 Telephone #: (203) 259-7597  
e-mail address: nurseryschool@greenfieldhillchurch.com License #: 16539 Expiration Date: 8.31.26  
Capacity: 79 # of Children Present: 65 # of Staff Present: 12

**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: Partial Inspection

Observations/Corrections needed:

38 - 2 care plans not signed by staff and 1 not available for review of 3 sampled

Dismissed:

Parent - Director Authorization to enroll child under 3

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: J. R. Roberts / Terri R Roberts  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10.11.22

Signature: Libby Hibbs / LIBBY HIBBS  
(Person in Charge)