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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Green Farms Nursery School Date: 2-26-25 Time: 9:30am

Location Address: 71 Hillandale Rd Westport Telephone #: 203-227-9363

e-mail address: director@gfns.org License #: 15957 Expiration Date: 11-30-25

Capacity: 76/8 U3's # of Children Present: 58/8 U3's # of Staff Present: 13

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 on #28-Supervision which was cited on 2-4-25

Observations/Corrections needed:

Program is in compliance at this inspection.

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: NA

Signature: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson

Signature: _____
(Person in Charge)
Print Name: Christina McKay-DiChristina