

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizons@Greenwich Date: 1/26/22 Time: 1:35
Location Address: 75 Holly Hill Ln. Greenwich Telephone #: 203 413-1800
e-mail address: roseta.ductan@brighthouse.com License #: 70623 Expiration Date: 9/30/25
Capacity: 122/80 # of Children Present: 22 # of Staff Present: 8+

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: Follow-up to investigation 2022-24 on 1/20/22

Observations/Corrections needed:

PIC Rosie Ductan

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision - operator was
in compliance with supervision 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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Rosie Ductan
(Person in Charge)

Print Name: Rosie Ductan