

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizons at Trumbull Date: 8/14/23 Time: 1:20

Location Address: 126 Monroe Tpke Trumbull Telephone #: 203 459-8610

e-mail address: morgan.stein@brighthorizons.com License #: 15454 Expiration Date: 4/30/26

Capacity: 88/48 # of Children Present: 68/39 # of Staff Present: 14+

**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: Investigation 2023-724 self-report to DCF

**Observations/Corrections needed:**

(S) 19a-79-3a(d) Implement policies - staff did not implement the policy that staff need to report observed interactions that make them feel uncomfortable or seem inappropriate when staff report seeing other staff members spray children with cold water from the hose and made the children cry. Staff member reports that one of the teachers said she made them cry so they would sleep at nap. Another staff said that she told the staff people to stop spraying the children, but they continued to do this more than once.

(P) 19a-79-4a(c)(3)(A) Personal qualities of staff - pending completion of interviews.

(P) 19a-79-3a(d)(2)(A/B) Policies on positive guidance / frightening treatment - pending completion of interviews

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: 8/28/23

Signature: Karen Hicks  
(OEC Representative)  
Print Name: Karen Hicks  
Signature: Morgan Stein  
(Person in Charge)  
Print Name: Morgan Stein