

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Bright Horizons @ Wilton Date: 11/15/23 Time: 11:10  
Location Address: 7 Godfrey Pl. Wilton Telephone #: 203 834-2616  
e-mail address: jodi.chevarella@brighthorizons.com License #: 15879 Expiration Date: 3/31/25  
Capacity: 86/56 # of Children Present: 55/36 # of Staff Present: 11

|  |   |
|--|---|
| <b>Consent to Inspect<br/>Family Child Care Home</b> | <i>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.<br/>Provider/Applicant/Substitute's Signature _____</i> |
|--|---|

Purpose of visit: Follow-up for investigation 2023-1026

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) Supervision - operator in compliance with supervision at this visit.

(NS) 19a-79-3a(d)(5)(c) Supervision policy - observed staff transitioning groups of children outdoors + indoors following program policy of name to face and counting children 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.

Signature: Karen Hicks Karen Hicks  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A.

Signature: Daphne Roberts Daphne Roberts  
(Person in Charge)