

**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: Long Ridge Child Development Center   Date: 1/22/25   Time: 9:10 AM  
Location Address: 778 Long Ridge Rd Stamford, CT 06902   Telephone #: (203) 461-8653  
e-mail address: Lrr@brighthorizons.com   License #: 15079   Expiration Date: 3.31.26  
Capacity: 126   # of Children Present: 41   # of Staff Present: 8

<b>Consent to Inspect</b> <b>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.</i> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: Supervision Follow-Up

Observations/Corrections needed:

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No violations at this visit

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\_\_\_\_\_

\_\_\_\_\_

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: [Signature]  
(OEC Representative)

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

Signature: [Signature]  
(Person in Charge)