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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Long Ridge Child Development Center Date: 4/2/25 Time: 10:25am

Location Address: 778 Long Ridge Rd Stamford, CT. 06902 Telephone #: (203) 461-8653

e-mail address: lvr@brightHorizons.com License #: 15079 Expiration Date: 3.31.26

Capacity: 126 # of Children Present: 51 # of Staff Present: 12

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: Supervision Partial

Observations/Corrections needed:

P= 19a-79-7a (a)(1-4) State and local codes and ordinances for construction of replacement outdoor deck floor.

P= 19a-79-7a (b)(1) Plans for renovation of outdoor deck submitted to the office prior to the start of renovation

No supervision violations 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: TBD

Signature: Jerri R Roberts
(OEC Representative)

Print Name: Jerri R Roberts

Signature:
(Person in Charge)

Print Name: Keshia Gregoel