

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizons at Fairfield Date: 4/2/25 Time: 8:40 AM  
Location Address: 682 Commerce Dr. Fairfield, CT 06825 Telephone #: (703) 384-4951  
e-mail address: fairfield@brighthorizons.com License #: 70153 Expiration Date: 11.30.25  
Capacity: 124 # of Children Present: 68 # of Staff Present: 18

**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: Self Reported Incident

Observations/Corrections needed:

S = 19a-79-3a (d)(5)(c) Staff did not accurately implement name to face policy when 2 children were left behind in the classroom when she took her class outside.

S = 19a-79-4a (d)(4)(D) 2 children were left unsupervised in their room (K-Prep) for approximately 3 minutes.

NS = 19a-79-4a (d)(3)(A) Personal Qualities to care for and work with children. Insufficient evidence to substantiate

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: 4-16-25

Signature: J. R. Roberts  
(OEC Representative)  
Print Name: Jenni R Roberts  
Signature: Julie Hinckley  
(Person in Charge)  
Print Name: Julie Hinckley