

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizons at Fairfield Date: 4/14/25 Time: 9:30am
Location Address: 682 Commerce Dr. Fairfield, G. 16825 Telephone #: (203) 384-4951
e-mail address: fairfield@brighthorizons.com License #: 70153 Expiration Date: 11-30-25
Capacity: 124 # of Children Present: 100 # of Staff Present: 21

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: Supervision follow up

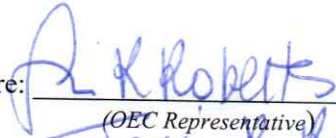
Observations/Corrections needed:

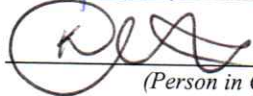
No violations at this visit

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: N/A

Signature: 
(OEC Representative)
Print Name: Jerri K Roberts

Signature: 
(Person in Charge)
Print Name: Kate Ostrofsky