

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizons @ Hall Boulevard Date: 6/11/25 Time: _____

Location Address: 1355 Hall Boulevard Bloomfield Telephone #: 908-243-5364

e-mail address: hallblvrbrighthorizons.com License #: 16334 Expiration Date: 3/31/29

Capacity: 116/54 # of Children Present: 92 # of Staff Present: 18

Consent to Inspect Family Child Care Home	<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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Investigation Case 2025-578

Observations/Corrections needed:

- ⑤ NS 19a-79-3a (b)(4) - Administration - managing child behavior - no evidence to support a regulatory violation. Language child was using came from another child, per staff.
- ⑤ NS 19a-79-3a (d)(6) - Administration - operating policies (toileting) - no evidence to support regulatory violation. Per staff, diaper pull up was checked at 10:00, 11:45-12 + 2:45-3 (after nap) + each time the child was changed and parent picked up at 3:45.
- ⑤ NS 19a-79-4a (d)(3) - Staffing - personal grievances - no evidence to support regulatory violation.
- ⑤ 19a-79-4a (d)(6) - Observed 1 staff with 8 sleeping children under the age of 3 without an extra person on site.

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: 7/2/25

Signature: Kawon
(OEC Representative)
Print Name: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Andrew Fleming