

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizons Date: 6/26/25 Time: 1:45

Location Address: 1355 Hall Boulevard Telephone #: 902-243-5364

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

Capacity: 166/54 # of Children Present: 82 # of Staff Present: 20

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: follow up on nap time ratio

Observations/Corrections needed:

in compliance 7:2
4:1
7:2
6:2
7:2
7:2
4:1
10:2
15:2
15:2

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: nil

Signature: [Signature]
(OEC Representative)
Print Name: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Jacqueline Lynch