

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Horizons at Fairfield Date: 6/24/25 Time: 12:10 pm
 Location Address: 682 Commerce Dr. Fairfield, Ct. 06825 Telephone #: (203) 384-4951
 e-mail address: fairfield@brighthorizons.com License #: 70153 Expiration Date: 11-30-25
 Capacity: 124 # of Children Present: 97 # of Staff Present: 21

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:

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: [Signature]
(OEC Representative)
 Print Name: Terril K Roberts
 Signature: [Signature]
(Person in Charge)
 Print Name: Kate Ostrofsky