



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INVESTIGATION

Program Name	BRIGHT HORIZONS FAMILY SOLUTIONS-SUFFIELD					License Number	DCCC.16312		Date of Inspection	11/04/2025	
						Expiration Date	12/31/2028		Time of Inspection	08:56 AM	
Address	228 MOUNTAIN RD SUFFIELD CT 06078-2082					Telephone	(860) 668-5653		Licensed Capacity	120	
						Hours of Operation	7:00 AM – 6:00 PM		Under Three Capacity	40	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks – 10 years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	suffield@brighthorizons.com				
Operator	BRIGHT HORIZONS CHILDREN'S CENTERS LLC					Director	AMANDA DISA				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Evelyn Vicente-Quinones				
Numbers of Staff/Children Present	# Children Present under age 3	26	# Total Children Present	51	# of Staff Present	13	Purpose of Visit	Investigation case #1183			

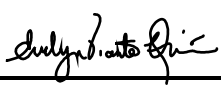
SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:

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Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-3a(b)(7)(A)] Pending
006-Child behavior management	
Statute and/or Regulation and Description:	[19a-79-3a(b)(7)(C)] Pending
008-Child protection	

Statute and/or Regulation and Description:	[19a-79-4a(d)(3)(A-C)] Pending	026- Personal qualities of staff	
Statute and/or Regulation and Description:	[19a-79-5a(a)(3)(A)] Pending	041- Injury, Illness, Incident, Accident reports	
Statute and/or Regulation and Description:	[19a-79-5a(a)(3)(B)] Pending	042- Parent notification of illness or injury	
Statute and/or Regulation and Description:			
DISCUSSIONS/COMMENTS			
Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.	
Signature of OEC Representative			Signature of Person in Charge
Printed Name	Evelyn Vicente-Quinones	jennifer roy	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	
		Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: evelyn.vicente-quinones@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	