Connecticut Office of Early Childhood

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

CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	**BRIGHTPATH - NEWTOWN**				**License Number**	**DCCC.70427**	**Date of Inspection**	**01/10/2025**
					Expiration Date	**8/31/2026**	**Time of Inspection**	**10:51 AM**
Address	**2 SAW MILL RD** **NEWTOWN CT 06470-1440**				**Telephone**	**(203) 304-2277**	**Total Capacity**	**269**
					Days and Hours	**M-F 6:30AM - 6:00PM**	**Under Three Capacity**	
#Children Present	**129**	**# Under 3 Present**	**52**	**# Staff Present** **24**			**Summer Care**	**Open**
Purpose of Inspection	**Partial for case 2024-1061**				**Name of Inspector**	**Lauren Hull**		
Program's Email	**newtownct@brightpathkids.com**				**Inspector's Email**	**lauren.hull@ct.gov**		

Regulatory Violations

Statute and/or Regulation:	**Description:**
[-]	**000 No Violations**

No violations were cited during this inspection

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Other Findings – Regulations In Compliance

Statute and/or Regulation:	**Description:**
Walk through conducted. No violations at this visit.	

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

YES/NO: No	**WERE VIOLATIONS CITED DURING THIS VISIT?**

DISCUSSIONS/COMMENTS

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.

APPLICANTS: You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Person in Charge)
Lauren Hull (Printed Name)	(Printed Name)		Julianna Fischer (Printed Name)