



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	BRIGHTPATH - OXFORD					License Number	DCCC.70372		Date of Inspection	10/16/2025	
						Expiration Date	8/31/2029		Time of Inspection	12:36 PM	
Address	290 MAIN ST OXFORD CT 06478-1061					Telephone	(203) 463-4144		Licensed Capacity	234	
						Hours of Operation	7:30 AM — 6:00 PM		Under Three Capacity	88	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks — 12 years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	jhay@brightpathkids.com				
Operator	EDUCATIONAL PLAY CARE, LTD					Director	JUSTINA HAY				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Lauren Hull				
Numbers of Staff/Children Present	# Children Present under age 3	60	# Total Children Present	115	# of Staff Present	22	Purpose of Visit	Complaint investigation case 2025-1144			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:

[19a-79-3a(d)(2)-(7)]

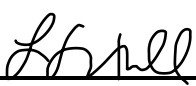
011-Policies- complete, implemented

Program not in compliance with ensuring the implementation of policies when staff were seen using a loud and inappropriate tone with the children.

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:	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:			
Statute and/or Regulation and Description:			
Statute and/or Regulation and Description:			
Statute and/or Regulation and Description:			
DISCUSSIONS/COMMENTS			
Were Violations cited during this visit? Y or N?	Yes	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	Lauren Hull		Justina hay
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. THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.
Printed Name			
		Written Corrective Action Plan due by: 10/30/2025	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: cec.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: lauren.hull@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	