



**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

|                                   |                                          |    |                          |    |                    |                               |                  |                         |                    |    |
|-----------------------------------|------------------------------------------|----|--------------------------|----|--------------------|-------------------------------|------------------|-------------------------|--------------------|----|
| Program Name                      | BRIGHTPATH - WINDSOR                     |    |                          |    | License Number     | DCCC.16517                    |                  | Date of Inspection      | 10/10/2025         |    |
|                                   |                                          |    |                          |    | Expiration Date    | 1/31/2026                     |                  | Time of Inspection      | 11:22 AM           |    |
| Address                           | 555 DAY HILL RD<br>WINDSOR CT 06095-1795 |    |                          |    | Telephone          | (860) 580-5280                |                  | Licensed Capacity       | 184                |    |
|                                   |                                          |    |                          |    | Hours of Operation | 7:00 AM - 6:00 PM             |                  | Under Three Capacity    | 104                |    |
| 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    | cmozzicato@brightpathkids.com |                  |                         |                    |    |
| Operator                          | EDUCATIONAL PLAY CARE, LTD               |    |                          |    | Director           | CHRISTINA MOZZICATO           |                  |                         |                    |    |
| Endorsements                      | Pre-School, School Age, Under Three      |    |                          |    | Name of Inspector  | Betty Mayer                   |                  |                         |                    |    |
| Numbers of Staff/Children Present | # Children Present under age 3           | 26 | # Total Children Present | 62 | # of Staff Present | 14                            | Purpose of Visit | Self Report 2025 - 1110 |                    |    |

**SUBSTANTIATED VIOLATIONS**

Statute and/or Regulation and Description: [19a-79-4a(d)(4)(D)] 028- Supervision

Program not in compliance with ensuring the supervision of children at all times while indoors when on 10/01/205 one child from preschool 2 was left behind in the bathroom for approximately 6 minutes while the class transitioned to the playground.

Statute and/or Regulation and Description:

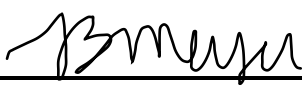

Statute and/or Regulation and Description:


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| <b>NOT SUBSTANTIATED or PENDING</b>               |  |
| <b>Statute and/or Regulation and Description:</b> |  |
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**DISCUSSIONS/COMMENTS**

|                                                  |            |                                                                                                              |
|--------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------|
| Were Violations cited during this visit? Y or N? | <b>Yes</b> | <b>NOTE:</b> * 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                       | <b>Betty Mayer</b>                                                                                                              | <b>Kristen Rulon</b>                                                                 | Printed Name                  |
| 2 <sup>nd</sup> OEC Representative | <b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency. |                                                                                      |                               |
| Printed Name                       | <b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>                                           |                                                                                      |                               |

|                                                                                     |                                                             |                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Written Corrective Action Plan due by:<br><b>10/24/2025</b> | <b>DIVISION OF LICENSING</b><br>450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103<br>Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552<br>Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a> |
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| OEC Representative's Email: <b>elizabeth.mayer@ct.gov</b> | CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a> |
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