



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
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	BRIGHTPATH - NEW MILFORD				License Number	DCCC.70693		Date of Inspection	11/24/2025		
					Expiration Date	2/28/2027		Time of Inspection	12:26 PM		
Address	169 DANBURY RD NEW MILFORD CT 06776-4385				Telephone	(860) 799-4200		Licensed Capacity	224		
					Hours of Operation	6:30 AM – 6:00 PM		Under Three Capacity	96		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 weeks years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	Mcorrea@brightpathkids.com					
Operator	EDUCATIONAL PLAY CARE, LTD				Director	MARISSA CORREA					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Lauren Hull					
Numbers of Staff/Children Present	# Children Present under age 3	31	# Total Children Present	51	# of Staff Present	12	Purpose of Visit	Partial for case 789			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE

Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)]	028- Supervision
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Walk through conducted. No violations at this visit.


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?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Lauren Hull	Marissa Correa	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and 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
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OEC Representative's Email: lauren.hull@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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