



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 - REDDING BLDG A					License Number	DCCC.70565		Date of Inspection	12/29/2025	
						Expiration Date	9/30/2028		Time of Inspection	10:23 AM	
Address	20 PORTLAND AVE REDDING CT 06896-3111					Telephone	(203) 664-8181		Licensed Capacity	49	
						Hours of Operation	6:30 AM — 6:00 PM		Under Three Capacity	0	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 years — 5 years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	wfaticoni@brightpathkids.com				
Operator	EDUCATIONAL PLAY CARE, LTD					Director	WENDY FATICONI				
Endorsements	Pre-School					Name of Inspector	Karen Hicks				
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	17	# of Staff Present	3	Purpose of Visit	Follow-up for investigation 2025-1383; supervision			

SUBSTANTIATED VIOLATIONS

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:	
Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] Not Substantiated
028- Supervision	
Program in compliance with supervision at time of follow-up.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:			
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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.
Signature of OEC Representative			Signature of Person in Charge
Printed Name	Karen Hicks	Wendy Faticoni	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:		karen.hicks@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf