



DIVISION OF LICENSING

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

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

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|-----------------------------------|--|----|--------------------------|----|--------------------|-------------------------------|------------------|---|--------------------|----|
| Program Name | BRIGHTPATH - TRUMBULL | | | | License Number | DCCC.70462 | | Date of Inspection | 12/29/2025 | |
| | | | | | Expiration Date | 12/31/2026 | | Time of Inspection | 02:41 PM | |
| Address | 111 MERRITT BLVD TRUMBULL CT 06611-5435 | | | | Telephone | (203) 816-6252 | | Licensed Capacity | 219 | |
| | | | | | Hours of Operation | 6:30 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 – 12 weeks years | |
| New Address | | | | | Night Hours | No | Summer Hours | Open | Weekend Hours | No |
| | | | | | Program's Email | trumbullct@brightpathkids.com | | | | |
| Operator | EDUCATIONAL PLAY CARE, LTD | | | | Director | CHRYSTAL NUNEZ | | | | |
| Endorsements | Pre-School, School Age, Under Three | | | | Name of Inspector | Karen Hicks | | | | |
| Numbers of Staff/Children Present | # Children Present under age 3 | 28 | # Total Children Present | 53 | # of Staff Present | 11 | Purpose of Visit | Partial inspection as follow-up for cases 2025-516 and 647; supervision | | |

REGULATIONS NOT IN COMPLIANCE

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

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| Statute and/or Regulation and Description: | |
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| Statute and/or Regulation and Description: | |
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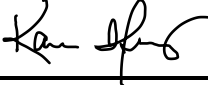

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| Statute and/or Regulation and Description: | |
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| REGULATIONS IN COMPLIANCE | |
| Statute and/or Regulation and Description: | [19a-79-4a(d)(4)(D)] 028- Supervision |
| Program in compliance with supervision at time of partial inspection. | |
| Statute and/or Regulation and Description: | |

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DISCUSSIONS/COMMENTS

Program indicated on correction that buttons to elevator are covered. Buttons were not covered at time of visit. Program indicated on correction that rooms would have alarms/ alerts if door was opened. No preschool door to hall had an alert on it. One half door between rooms did sound when opened. Administration indicates child is no longer at facility.

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| 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 | Karen Hicks | Chrystal Nunez | 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. | |

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|  | 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: karen.hicks@ct.gov | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf |
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