



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 - SIMSBURY					License Number	DCCC.16415		Date of Inspection	05/28/2026	
						Expiration Date	11/30/2029		Time of Inspection	02:02 PM	
Address	1 SAINT JOHNS PL SIMSBURY CT 06070-1401					Telephone	(860) 651-9339		Licensed Capacity	214	
						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 weeks — 12 years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	Imarek@brightpathkids.com				
Operator	EDUCATIONAL PLAY CARE, LTD					Director	ELIZABETH MAREK				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Kristi Morgan				
Numbers of Staff/Children Present	# Children Present under age 3	51	# Total Children Present	139	# of Staff Present	31	Purpose of Visit	Follow up on ratio, group size, and physical barriers			

SUBSTANTIATED VIOLATIONS

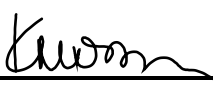
Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-10(c)(2)] Not Substantiated 118- Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
The regulation regarding under three ratio was found to be in compliance during this visit.	
Statute and/or Regulation and Description:	[19a-79-10(c)(3)] Not Substantiated 119- Group size- max 8 (6wks-24mths), max 10 (24-36mths)
The regulation regarding under three group size was found to be in compliance during this visit.	

Statute and/or Regulation and Description:		[19a-79-10(c)(4)] Not Substantiated		120- Physical barriers- indoors/outdoors	
The regulation regarding physical barriers was found to be in compliance during 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:					
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	Kristi Morgan		Camrin Francois		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:		kristi.morgan@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	