



**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 - MADISON 560               |    |                          |    | License Number     | DCCC.70808                |                  | Date of Inspection                           | 06/17/2026           |    |  |
|                                   |  |    |                          |    | Expiration Date    | 1/31/2029                 |                  | Time of Inspection                           | 10:10 AM             |    |  |
| Address                           | 560 DURHAM RD<br>MADISON CT 06443-2060 |    |                          |    | Telephone          | (860) 580-7925            |                  | Licensed Capacity                            | 52                   |    |  |
|                                   |  |    |                          |    | Hours of Operation | 6:30 AM - 6:00 PM         |                  | Under Three Capacity                         | 31                   |    |  |
| Is this a Change of Address?      | Yes?                                   |    | No?                      | X  | Days of Operation  | Mon-Fri                   |                  | Ages Served                                  | 12 - 6 month - years |    |  |
| New Address                       |  |    |                          |    | Night Hours        | No                        | Summer Hours     | Open   | Weekend Hours        | No |  |
|                                   |  |    |                          |    | Program's Email    | kwelch@brightpathkids.com |                  |  |                      |    |  |
| Operator                          | EDUCATIONAL PLAY CARE, LTD             |    |                          |    | Director           | KELSEY WELCH              |                  |  |                      |    |  |
| Endorsements                      | Pre-School, Under Three                |    |                          |    | Name of Inspector  | Dianna Wassenhove         |                  |  |                      |    |  |
| Numbers of Staff/Children Present | # Children Present under age 3         | 18 | # Total Children Present | 36 | # of Staff Present | 7                         | Purpose of Visit | Investigation 2026-474 Supervision Follow up |                      |    |  |

**SUBSTANTIATED VIOLATIONS**

|  |                       |
|--|-----------------------|
| Statute and/or Regulation and Description: | [-] 000 No Violations |
|--|-----------------------|

No violations were cited during this inspection

|  |  |
|--|--|
| Statute and/or Regulation and Description: |  |
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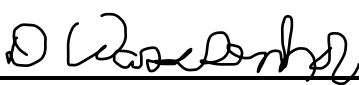
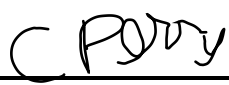
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| Statute and/or Regulation and Description: |  |
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| <b>Statute and/or Regulation and Description:</b>   |  |
| <b>NOT SUBSTANTIATED or PENDING</b>   |  |
| <b>Statute and/or Regulation and Description:</b>   | <div style="display: flex; justify-content: space-between;"> <span>[19a-79-4a(d)(4)(D)]</span> <span>028- Supervision</span> </div> <p>Not Substantiated</p> |
| <p>The regulation regarding supervision was found to be in compliance during this visit. All children were properly supervised during walk through.</p> |  |
| <b>Statute and/or Regulation and Description:</b>   |  |

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| <b>Statute and/or Regulation and Description:</b> |  |
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**DISCUSSIONS/COMMENTS**

|  |           |  |
|--|-----------|--|
| Were Violations cited during this visit? Y or N? | <b>No</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                       | Dianna Wassenhove   | Caroline perry  | 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: | <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>dianna.wassenhove@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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