



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	CARRIAGE HOUSE DAY CARE CENTER				License Number	DCCC.15403		Date of Inspection	10/16/2025	
					Expiration Date	2/28/2026		Time of Inspection	09:57 AM	
Address	320 COLONY ST MERIDEN CT 06451-2053				Telephone	(203) 235-4859		Licensed Capacity	94	
					Hours of Operation	7:00 AM - 6:00 PM		Under Three Capacity	32	
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	pam@carriagehousedaycare.com				
Operator	CARRIAGE HOUSE DAY CARE CENTER INC				Director	PAMELA CAREY				
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Kristi Morgan				
Numbers of Staff/Children Present	# Children Present under age 3	14	# Total Children Present	26	# of Staff Present	10	Purpose of Visit	Follow up - Supervision		

SUBSTANTIATED VIOLATIONS

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

No violations were cited during this inspection

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:	
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
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.
--	-----------	--

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Kristi Morgan	Pamela Carey	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
---	--	---

OEC Representative's Email: kristi.morgan@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
---	--