



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	PHYLLIS BODEL CHILDCARE CTR @ YALE SCH MED				License Number	DCCC.12647		Date of Inspection	11/24/2025		
					Expiration Date	6/30/2029		Time of Inspection	09:20 AM		
Address	367 CEDAR ST NEW HAVEN CT 06510-3222				Telephone	(203) 785-3829		Licensed Capacity	97		
					Hours of Operation	7:30 AM - 5:30 PM		Under Three Capacity	64		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 - 9 weeks - years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	kyle.miller@yale.edu					
Operator	PHYLLIS BODEL CHILDCARE CTR @ YALE SCH OF MED INC				Director	KYLE S MILLER					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Karen Hicks					
Numbers of Staff/Children Present	# Children Present under age 3	25	# Total Children Present	46	# of Staff Present	22	Purpose of Visit	Investigation 2025-1332			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description:

Statute and/or Regulation and Description:



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:	
Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-3a(a)] Pending
002-Ensuring the safety & health of children Ensuring children's health and safety compliance is pending further investigation. Interviews need to be completed at this time.	
Statute and/or Regulation and Description:	[19a-79-10(j)-(k)(1-5)] Not Substantiated
136- Feeding Insufficient evidence to support a regulatory violation. Feeding schedules complete and posted in room. Bottles and breast milk containers are labeled at time of 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.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Karen Hicks	Gabriella Nieves	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
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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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