



**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	HILLTOP CHRISTIAN EARLY LEARNING CENTER				License Number	DCCC.12517		Date of Inspection	01/12/2026		
					Expiration Date	3/31/2029		Time of Inspection	09:49 AM		
Address	837 CHARLES ST TORRINGTON CT 06790-3425				Telephone	(860) 482-3727		Licensed Capacity	70		
					Hours of Operation	9:00 AM - 3:00 PM		Under Three Capacity	8		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	2 - 6 years		
New Address					Night Hours	No	Summer Hours	Closed	Weekend Hours	No	
					Program's Email	director@hilltopchristianelc.com					
Operator	ST PAUL'S EVANGELICAL LUTHERN CHURCH				Director	Barbara J Mazzei					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Kristi Morgan					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	42	# of Staff Present	7	Purpose of Visit	Investigation case 2026-21			

**SUBSTANTIATED VIOLATIONS**

Statute and/or Regulation and Description: [19a-79-4a(d)(4)(D)] 028- Supervision

Program not in compliance with ensuring the supervision of children at all times while indoors when a child was unsupervised for 1 minute and 10 seconds when he left the classroom to use the bathroom without the knowledge of the teachers in the classroom.

Statute and/or Regulation and Description:


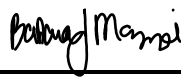
Statute and/or Regulation and Description:


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<b>NOT SUBSTANTIATED or PENDING</b>	
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**DISCUSSIONS/COMMENTS**

Were Violations cited during this visit? Y or N?	<b>Yes</b>	<b>NOTE:</b> * 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	<b>Kristi Morgan</b>	<b>Barbara J Mazzei</b>	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>01/26/2026</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 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>kristi.morgan@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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