



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
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	CARRIAGE HOUSE DAY CARE CENTER				License Number	DCCC.15403		Date of Inspection	01/28/2026		
					Expiration Date	2/28/2030		Time of Inspection	11:55 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	20	# Total Children Present	51	# of Staff Present	11	Purpose of Visit	Partial inspection on supervision for case 2025-988			

REGULATIONS NOT IN COMPLIANCE

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:	
Statute and/or Regulation and Description:	

REGULATIONS IN COMPLIANCE

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

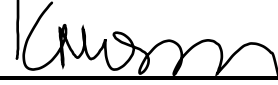

The regulation regarding supervision was found to be in compliance during this visit.

Statute and/or Regulation and Description:	
---	--

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
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	Pam 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
---	--