



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	CALVIN HILL DAY CARE CTR-KLF KINDERGARTEN				License Number	DCCC.12194		Date of Inspection	02/19/2026		
					Expiration Date	12/31/2028		Time of Inspection	12:56 PM		
Address	150 HIGHLAND ST NEW HAVEN CT 06511-2015				Telephone	(203) 764-9350		Licensed Capacity	80		
					Hours of Operation	8:00 AM – 5:00 PM		Under Three Capacity			
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 – 6 years – years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	susan@calvinhilldaycare.org					
Operator	CALVIN HILL DAY CARE CENTER INC				Director	SUSAN TADDEI					
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	76	# of Staff Present	12	Purpose of Visit	Partial inspection on supervision for case 2025-1297			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE

Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] 028- Supervision
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The regulation regarding supervision was found to be in compliance during this visit.


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:	
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	Kristi Morgan	Susan Taddei	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: kristi.morgan@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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