

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 11/13/24 Time: 10:00
Location Address: 195 Hillandale Ave Stamford Telephone #: 203 653-1580
e-mail address: sarahmcmackin@clcstamford.org License #: 15346 Expiration Date: 7/31/25
Capacity: 342 # of Children Present: 201 # of Staff Present: 32

Consent to Inspect Family Child Care Home	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.</i> Provider/Applicant/Substitute's Signature
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Purpose of visit: Follow-up for investigation 2024-1107

Observations/Corrections needed:

(NS) 19a-79-3a(d)(2) Implement child guidance policies - insufficient evidence to support a regulatory violation.

(NS) 19a-79-4a(c)(4)(a) - Ratios - in compliance at time of follow-up visit.

S = Substantiated (NS) = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A.

Signature: Sarah McMackin
(Person in Charge)