

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 2/26/25 Time: 10 am

Location Address: 195 Hillandale ave Stamford CT 06902 Telephone #: 203-653-1580

e-mail address: Sarahmcmackin@clcstamford.org License #: 15396 Expiration Date: 7/31/25

Capacity: 342/0 # of Children Present: 266 # of Staff Present: 44

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. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: NCAP - monitoring

Observations/Corrections needed:

PIG Sarah McMackin - Director

(NS) 1a - "Classroom management course" - OEC observed/reviewed all staff completion of course work.

(NS) 1b - "Foundations of Positive Guidance" - OEC observed/reviewed all staff completion of course work.

(NS) 1c - "From Chaotic to Calm: Managing Stress in the Classroom" - OEC reviewed/observed all staff completion of course work.

(NS) 2 - OEC observed documentation of compliance w/ condition # 1 during NCAP monitoring.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: V. Williams
(OEC Representative)

Print Name: Valecia Williams

Signature: x Sarah McMackin
(Person in Charge)

Print Name: x Sarah McMackin