

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mark of Excellence Date: 5/21/25 Time: 2pm
Location Address: 29 Grove St. Stamford, Ct. 06901 Telephone #: (203) 353-1503
e-mail address: pcraig@markofexcellencepa.org License #: 12726 Expiration Date: 6.30.29
Capacity: 67 # of Children Present: 20 # of Staff Present: 3

**Consent to Inspect
Family Child Care Home**

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 _____

Purpose of visit: Complaint Investigation

Observations/Corrections needed:

S=19a-79-4a(d)(6) observed 7 children sleeping in a room with no adult present. The teacher went to the bathroom.

NS=19a-79-3a(b)(7)(A) developmentally appropriate behavior management techniques. No evidence to substantiate

NS=19a-79-3a(b)(7)(c) Physical punishment or treatment. No evidence to substantiate

NS=19a-79-8a(a)(11) No evidence to substantiate, observed children outside on playground via program video.
Program to email director statement

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: 6.4.25

Signature: J.R. Roberts
(OEC Representative)
Print Name: Jerry R Roberts
Signature: Phyllis T. Craig
(Person in Charge)
Print Name: Phyllis T. Craig