

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 8/8/25 Time: 10:30 am
Location Address: 195 Hillandale Ave Stamford, G. 06902 Telephone #: (203) 967-6960
e-mail address: sarahm@mackin@clcstamford.org License #: 15346 Expiration Date: 7-31-29
Capacity: 342 # of Children Present: 194 # of Staff Present: 34

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Self Reported Incident Case 2025-847

Observations/Corrections needed:

S= 19a-79-3a(b)(7)(c) Staff used physical treatment/punishment when she kicked a child on the bottom and yelled "put it back, put it back" referring to the child putting her wubby items back.

S= 19a-79-3a(d)(2)(B) Discipline policy not implemented when staff used physical punishment by kicking a child on the bottom which is prohibited.

NS= 19a-79-4a(a)(3)(A) Personal qualities to caregiver and work with children

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: 8.22.25

Signature: _____

Print Name: Terry K Roberts
(OEC Representative)

Signature: _____

Print Name: Sarah Mackin
(Person in Charge)