



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	STERLING HOUSE PRESCHOOL				License Number	DCCC.12267		Date of Inspection	09/17/2025		
					Expiration Date	2/28/2029		Time of Inspection	02:49 PM		
Address	2283 MAIN ST STRATFORD CT 06615-5920				Telephone	(203) 378-2606		Licensed Capacity	65		
					Hours of Operation	8:00 AM – 6:00 PM		Under Three Capacity	0		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 – 12 years		
New Address					Night Hours	No	Summer Hours	Closed	Weekend Hours	No	
					Program's Email	akapitan@sterlingcc.org					
Operator	STERLING HOUSE COMMUNITY CENTER INC				Director	AMY L KAPITAN					
Endorsements	Pre-School, School Age				Name of Inspector	Karen Hicks					
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	14	# of Staff Present	3	Purpose of Visit	Partial for investigation 2024-1180			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:



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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(A-B) and (d)(6)] 027- Ratios
Operator in compliance anytime of inspection	
Statute and/or Regulation and Description:	[19a-79-4a(d)(5)-(A-B)] 029- Group size
Operator in compliance at time of inspection.	

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	Karen Hicks	Amy Kapitan	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: karen.hicks@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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