

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 9/19/22 Time: 10:15

Location Address: 195 Hillendale Ave Stamford Telephone #: 203 967-6960

e-mail address: bethgenovese@clc.stamford.org License #: 15346 Expiration Date: 7/31/25

Capacity: 342 # of Children Present: 342 # of Staff Present: 35+

**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: Follow-up for investigation 2022-725 on 9/19/22

Observations/Corrections needed:

(S) 19a-79-3a(d) Implement policies - staff failed to follow program's discipline policy when she was observed to be pulling a child up from floor by his arms, and when she physically pulled child off of another child and accidentally scratched child's face.

(NS) 19a-79-3a(a) ensure health + safety - unable to substantiate a violation related to ensuring health + safety.

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)

Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 10/3/2022

Signature: Jasmine Sanchez
(Person in Charge)

Print Name: Jasmine Sanchez