

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 11/28/22 Time: 11:15

Location Address: 195 Hillandale Ave Stamford Telephone #: 203 653-1580

e-mail address: phyllisdifrancoia@clcstamford.org License #: 15346 Expiration Date: 7/31/25

Capacity: 342 # of Children Present: 206 # of Staff Present: 34+

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|--|---|
| 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.</i> Provider/Applicant/Substitute's Signature _____ |
|--|---|

Purpose of visit: Investigation 2022-950

Observations/Corrections needed:

(P) 19a-87b-3a(b)(8)(A) Manage child behaviors.

Pending completion of interviews

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks Williams

Signature: Beth Gennese
(Person in Charge)

Print Name: BETH GENNESE