

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 7/6/23 Time: 1:00

Location Address: 195 Hillandale Ave Stamford Telephone #: 203 653-1590

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

Capacity: 342 # of Children Present: 174 # of Staff Present: 30+

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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Investigation 2023-572

Observations/Corrections needed:

(P) 19a-79-4a(c)(4)(D) Supervision
Pending review of classroom video

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

Signature: Beth Genovese
(Person in Charge)
Print Name: Beth Genovese