

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 8/8/23 Time: 2:00

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: 142 # of Staff Present: 25

|  |   |
|--|---|
| <b>Consent to Inspect<br/>Family Child Care Home</b> | <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.<br/>Provider/Applicant/Substitute's Signature</i> |
|--|---|

Purpose of visit: follow-up for 2023-572 on 7/6/23

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) Supervision - Operator in compliance  
at this visit.

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