

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 9/11/23 Time: 12:00

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: 194 # of Staff Present: 31+

**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: Investigation 2023-876

Observations/Corrections needed:

(S) 19a-79-4a(c)(4)(D) Supervision - staff failed to provide supervision at all times when a child left a classroom at dismissal time and was found at foyer of main entrance. Staff could not explain how child left room unnoticed and were not aware child left without a parent until next day.

(S) **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: 9/25/2023

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Beth Genovese
(Person in Charge)
Print Name: Beth Genovese