

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 9/25/23 Time: 2:40

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: 157 # of Staff Present: 44+

<b>Consent to Inspect</b> <b>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.</i> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: Follow-up for investigation 2023-876 on 9/11/23

Observations/Corrections needed:

NS 19a-79-4(a)(c)(4)(D) Supervision - operator in compliance  
at time of 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: MA

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Beth Genovese  
(Person in Charge)

Print Name: BETH GENOVESE