

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 10/5/23 Time: 1:00

Location Address: 195 Hillandale Ave. Stamford Telephone #: 203 967-6960

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

Capacity: 342 # of Children Present: 215 # of Staff Present: 39⁺

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 2023-944

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) Supervision - insufficient evidence to support a regulatory violation that children were not under supervision of a staff member.

(S) 19a-79-4a(c)(4)(A) Maintain ratios - staff failed to maintain ratios at all times when a staff person left for the day, leaving one staff person with 11 children in a classroom. Staff described having non-staff adults in room and thinking they were part of ratio.

(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: 10/19/2023

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Sarah McMackin
(Person in Charge)
Print Name: Sarah McMackin