

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC William Pitt Date: 10/12/23 Time: 12:00

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

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

Capacity: _____ # of Children Present: 206 # of Staff Present: 35+

**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: Follow-up for case 2023-944 visit on 10/5/23

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(A) Maintain ratios - 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