

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIC Palmer's Hill Date: 11.8.24 Time: 1pm

Location Address: 64 Palmer's Hill Rd Stamford, CT 06902 Telephone #: (203)323-5944

e-mail address: sarahmcmackin@cicstamford.org License #: 12315 Expiration Date: 12-31-24

Capacity: 158 # of Children Present: 0 # of Staff Present: 2+

**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: Self Report

Observations/Corrections needed:

S= 19a-79-3a(d)(5)(c) Indoor Supervision policy not implemented when a child was left alone and unsupervised for ~~approximately~~ 5 minutes as seen on program video

S= 19a-79-4a(d)(4)(D) child was unsupervised in the classroom for ~~approximately~~ 5 minutes as seen on program video.
NS= 19a-79-4a(d)(3)(A) Personal Qualities to care for and work with children - no evidence to substantiate

Program closed for professional development. No children present. Program will send video

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: R. Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11.22.24

Signature: Anne Kuczycki
(Person in Charge)