

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: CLC Palmer's Hill      Date: 1/3/25      Time: 12:05 pm  
Location Address: 64 Palmer's Hill Road Stamford, CT 06902      Telephone #: (203) 323-5944  
e-mail address: anna.witkowski@clcstamford.org      License #: 12315      Expiration Date: 12-31-28  
Capacity: 158      # of Children Present: 92      # of Staff Present: 24

**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 - Supervision

Observations/Corrections needed:

NS = 19a-79-3a (d)(5)(c) Indoor/outdoor supervision  
Conducted walkthrough, no supervision/violations observed

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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: Terry R Roberts  
(OEC Representative)  
Print Name: Terry R Roberts  
Signature: Lisa Pennellis  
(Person in Charge)  
Print Name: \_\_\_\_\_