

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIC Palmers Hill Date: 2/24/25 Time: 9:20am
Location Address: 64 Palmers Hill Rd Stamford CT 06902 Telephone #: (203) 323-5944
e-mail address: anna.witkowski@cicstamford.org License #: 12315 Expiration Date: 12-31-28
Capacity: 170 # of Children Present: 119 # of Staff Present: 20

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:

NS = 19a-79-3a (b)(7)(A) Behavior management - No evidence to substantiate. Staff working that day report no wrongdoing.

NS = 19a-79-4a (d)(3)(A) Personal Qualities to care for and work with children - No evidence found to substantiate

S = 19a-79-5a (a)(3)(A) Program did not complete an incident report on a child who threw a chair and books in the classroom.

Unable to locate program video because the date of the incident is unknown. An incident report was not completed

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: 3.10.25

Signature: [Signature]
(OEC Representative)
Print Name: Terri K Roberts
Signature: [Signature]
(Person in Charge)
Print Name: Anna Witkowski