

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIC Maple Ave Date: 4/2/25 Time: 12 noon
Location Address: 90 Maple Ave Stamford, CT 06902 Telephone #: (203) 989-0090
e-mail address: marshaguyhris@cicstamford.org License #: 16698 Expiration Date: 11-30-25
Capacity: 200 # of Children Present: 165 # 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: Complaint Investigation Case 2025-321

Observations/Corrections needed:

S= 19a-79-4a (d)(4)(D) Observed 4 children in room 1 on their
gts with blankets completely covering their heads. Their
faces couldn't be seen.

No evidence found to substantiate supervision allegation

S= 19a-79-3a (d)(5)(B) Naptime supervision policy not implemented
as observed when children were not supervised by sight
as 4 childrens heads were completely covered and you
couldn't see their faces.

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: 4-16-25

Signature: [Signature]
(OEC Representative)
Print Name: Tim R Roberts
Signature: [Signature]
(Person in Charge)
Print Name: Marsha Conliffe