

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIC Maple Ave Date: 8/11/25 Time: 12:15 pm
 Location Address: 90 Maple Avenue Stamford, Ct. 06902 Telephone #: (203) 989-0090
 e-mail address: marshaquithrie@cicstamford.org License #: 16698 Expiration Date: 11.30.25
 Capacity: 200 # of Children Present: 67 # of Staff Present: 16

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: Naptime Supervision Partial

Observations/Corrections needed:

No violations 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: _____
(OEC Representative)
 Print Name: Jeri Roberts
 Signature: _____
(Person in Charge)
 Print Name: Marsha Guthrie