

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CC Maple Ave Date: 11/23/21 Time: 11:45^{AM}

Location Address: 90 Maple Ave. Stamford Telephone #: 203 998 0695

e-mail address: MarshaGuthrie@CCStamford.org License #: 100298 Expiration Date: 11/30/25

Capacity: 180 # of Children Present: 129 # of Staff Present: 19+

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: <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2021-844 Self report

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when she was left unattended in a classroom for about 8 minutes.

⑤ 19a-79-3a(8) - Administration - Program policies - Staff failed to follow program supervision policy when they did not do a head count of the children transitioning to the playground.

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: 12/7/21

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Marsha Guthrie