

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CC Maple Ave Date: 12/17/21 Time: 11:15 am

Location Address: 90 Maple Ave Stanford Telephone #: 203 998 0695

e-mail address: marshaguthrie@clarkstonfamily.com License #: 160698 Expiration Date: 11/30/25

Capacity: 180 # of Children Present: 79 # of Staff Present: 15+

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: Follow-up Case 2021-844

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - Staffing - Supervision - 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: [Signature]  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: Marsha Guthrie