

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC Maple Ave Date: 4/14/25 Time: 12:40 pm
Location Address: 90 Maple Avenue Stamford, CT 06902 Telephone #: (203) 989-0090
e-mail address: marsha.guthrie@clcstamford.org License #: 16698 Expiration Date: 11-30-25
Capacity: 200 # of Children Present: 118 # of Staff Present: 18

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: Naptime Supervision Follow Up

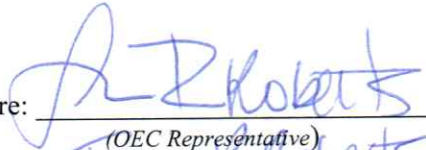
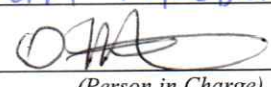
Observations/Corrections needed:

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: Terri R Roberts
Signature: 
(Person in Charge)
Print Name: OLGA METELLUS