

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maureen Fontaine Date: 3/24/22 Time: 9:26am

Location Address: 67 Warde Ter, Fairfield 06825 Telephone #: 203-579-0818

e-mail address: moe.cango67@yahoo.com License #: 25069 Expiration Date: 2/28/26

Capacity: 6+3 # of Children Present: 5 (0/18) # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: Maureen Fontaine

Purpose of visit: Follow Up - Body of Water

Observations/Corrections needed:

19a-87b-9(2)+(4) - Body of Water
Gate closed, latch engaged, & locked.
Compliant ✓ - no violations.

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: Rebecca Gruelles
(OEC Representative)
Print Name: Rebecca Gruelles
Signature: Maureen Fontaine
(Person in Charge)
Print Name: MAUREEN FONTAINE