

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maureen Fontaine Date: 7/1/22 Time: 9:00am

Location Address: 67 Ward Ter, Fairfield CT 06825-3622 Telephone #: 203-521-8806

e-mail address: moe.campo67@yahoo.com License #: 25069 Expiration Date: 2/28/26

Capacity: 6+3 # of Children Present: 2 (2 yr 8 mo) # 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 _____

Purpose of visit: 3 month Partial - 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 Cruelles

(OEC Representative)
Print Name: Rebecca Cruelles

Signature: Maureen Fontaine

(Person in Charge)
Print Name: MAUREEN FONTAINE