

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ma Maison Childcare Date: 10/12/23 Time: 1:55

Location Address: 111 W. North St. Stamford Telephone #: 203 312-4097

e-mail address: info@mamaisonchildcare.com License #: 70486 Expiration Date: 4/30/27

Capacity: 128/78 # of Children Present: 86 # of Staff Present: 13+

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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Investigation 2023-991

Observations/Corrections needed:

(S) 19a-79-4a(c)(4)(D) Supervision - staff failed to provide supervision of a child at all times when a child went through exit door unnoticed by staff and was left without staff supervision for approx. 30 seconds.

(S) **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: 10/26/2023

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Emmanuelle Louture
(Person in Charge)
Print Name: Emmanuelle Louture