

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ma Maison Childcare Date: 10/19/23 Time: 11:15

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: 128/178 # of Children Present: 87 # of Staff Present: 19

Consent to Inspect Family Child Care Home	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 _____
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Purpose of visit: Follow-up for 2023-991 visit on 10/12/23

Observations/Corrections needed:

(NS) 199-79-4a(c)(4)(D) Supervision - operator in compliance with supervision at time of 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: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Jannika Maldonado
(Person in Charge)
Print Name: Jannika Maldonado