

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mama N Cubs Playschool Date: 8/9/22 Time: 9:45 AM

Location Address: 104 Naugatuck Ave Milford Telephone #: 203 874 1500

e-mail address: Mama@MCplayschool.com License #: 70418 Expiration Date: 7/31/26

Capacity: 48/30 # of Children Present: 27 # of Staff Present: 6

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 <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2022-537

Observations/Corrections needed:

⑤ 19a-79-5a(a)(3) - Record Keeping - Injury reports - Program failed to provide an injury report to a child's family after she fell and hurt her eye.

Follow-up for OEC Inspection on 6/2/22:

⑤ 19a-79-4a(d)(1) - Staffing - Designated Director - No documentation that director is enrolled in 3 credit Admin. class that is required.

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: 8/23/22

Signature: [Signature]
(OEC Representative)

Print Name: Lauryn Hull

Signature: [Signature]
(Person in Charge)

Print Name: Maria Torres