

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mama N Cubs Date: 10/13/22 Time: 9:45 AM

Location Address: 604 Nungatuck Ave Milford Telephone #: 203 874 1500

e-mail address: Maria @ McPhay school. com License #: 70418 Expiration Date: 7/31/24

Capacity: 48/30 # of Children Present: 37 # of Staff Present: 9

**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 N/A

Purpose of visit: Complaint Investigation Case 2022-819

Observations/Corrections needed:

(S) 19a-79-3a(d) - Administration - Program policy - Program failed to follow their withdrawal of a child policy when they failed to work with the family of a child who was biting other children. No behavior plan was developed prior to termination.

(NS) 19a-79-3a(d)(8)(E) - Administration - Communicating with families - No evidence to support that the program was not communicating with family of a child who was biting regarding the behavior.

(NS) 19a-79-4a(c)(4) - Staffing - <sup>Ratios</sup> ~~Supervision~~ (LA) - No evidence to support that the program is out of ratio.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)  
Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/27/22

Signature: [Signature]  
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mama N Cubs License # 70418 Date: 10/13/22

Observations/Corrections needed:

⑤ 19a-79-4a(b)-Staffing - Background Checks - 8 staff working with no completed background check.  
Needs immediate correction

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Signature: [Signature]  
(OEC Representative)  
Print Name: Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 10/27/22

Signature: [Signature]  
(Person in Charge)  
Print Name: Jodi Torres