

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mamas N Cubs Date: 10/14/22 Time: 9:30am  
Location Address: 604 Naugatuck Ave Milford Telephone #: 203 874 1500  
e-mail address: MANIA @MLplayschool .COM License #: 70418 Expiration Date: 7/31/24  
Capacity: 48/30 # of Children Present: 11 # of Staff Present: 3

<b>Consent to Inspect Family Child Care Home</b>	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: Follow-up Cak 2022-819

**Observations/Corrections needed:**

Walk through conducted. All staff present have current background checks completed. No violations or corrections at this 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: [Signature]  
(OEC Representative)  
Print Name: Laurey Hill  
Signature: [Signature]  
(Person in Charge)  
Print Name: Nomene Strano