

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mama N' Cub's Playschool Date: 11/29/22 Time: 10:20am

Location Address: 604 Naugatuck Ave Milford CT 06461 Telephone #: 203-874-1500

e-mail address: mama@mcplayschool.com License #: 70418 Expiration Date: 7/31/2026

Capacity: 48^{u3 30} # of Children Present: 29 # of Staff Present: 7

**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 # 2022-966

Observations/Corrections needed:

- (P) 19a-79-4a (C)(4)(D): Staffing - Supervision
- (P) 19a-79-4a (C)(4) A: Staffing - Ratio
- (S) 19a-79-5a(a)(3)(A) Record keeping - Injury, illness and accident reports - Did not observe a written record of injuries or accident for a child who sustained an injury at the program. Observed an app message informing the guardians, which did not include all required components.
- (S) 19a-79-10 (C)(2): Under three endorsement - Ratio - Program failed to maintain the 1 staff to 4 children ratio. Observed 1 staff with ~~4~~ ⁵ toddlers, at start of the 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: 12/13/2022

Signature: _____

Stephane Pia
(OEC Representative)

Signature: _____

Jodi Torres
(Person in Charge)