

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mama N' Cub's Playschool Date: 12/14/22 Time: 10:30am

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

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

Capacity: 48^{43 30} # of Children Present: 32^{43 20} # of Staff Present: 8

Consent to Inspect Family Child Care Home	<i>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</i> <u>N/A</u>
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Purpose of visit: Follow up - Ratio

Observations/Corrections needed:
Observed compliance with ratio requirements at the time of the visit.

⑤ 19a-79-10(j) Under three endorsement - Observed two infants, not held for bottle feeding.



~~19a-79-10~~ (SP)

⑤ 19a-79-10(g)(3) Under three endorsement - Observed crib with loose fitting sheet.

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: 12/28/2022

Signature: 
(OEC Representative)
Print Name: Stephanie Ra
Signature: 
(Person in Charge)
Print Name: Jodi Torres