

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mamas N Cubs Preschool      Date: 3/2/23 Time: 10:00 AM

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

e-mail address: Maria @ MCPlayschool.org      License #: 70418      Expiration Date: 7/31/26

Capacity: 48/30      # of Children Present: 36      # of Staff Present: 8

<b>Consent to Inspect Family Child Care Home</b>	<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 Case 2022-9666

Observations/Corrections needed:

NS  
19a-79-10(g)(1) - Under three Endorsement - Sleep arrangements -  
In compliance. Discussed pack n play Mattress and sheet  
ensuring its snug fitting and velcroed.

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]      E. Waight  
(OEC Representative)

Print Name: Lauren Hill      E. Waight

Signature: [Signature]  
(Person in Charge)

Print Name: Jodi Torres