

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mama N' Cubes Playschool Date: 7/30/25 Time: 8:02am
Location Address: 604 Naugatuck Ave Milford Telephone #: 2038748808
e-mail address: maria@mcpayschool.com License #: 06461 70418 Expiration Date: 7/31/26
Capacity: 48 # of Children Present: 2 # of Staff Present: 4

Consent to Inspect *I agree to allow the Office of Early Childhood to have access to and inspect this facility and all*
Family Child Care Home *child care records as required by Family Child Care Home Regulations.*
Provider/Applicant/Substitute's Signature: NA

Purpose of visit: follow up to inspection dated 5/7/25

Observations/Corrections needed:

- ✓ #31 First Aid in compliance at this visit
- ✓ #32 CPR in compliance at this visit
- ⊖ #62 Fire Marshal certificate not in compliance at this visit.
- ✓ #70 Lead management plan in compliance at this visit. Provider documented monitoring and repairing areas.
- ✓ #118 Ratios (under 3's) in compliance at this visit
- ✓ #121 - Adequate sinks in compliance at this visit
- ✓ #130 Safe Sleep Policy in compliance 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: 8/13/25

Signature: [Signature] Jen
(OEC Representative)
Print Name: Jen Schanz
Signature: [Signature]
(Person in Charge)
Print Name: Jodi Torres

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mama N' Cub's Playschool License # 70418 Date: 7/30/25

Observations/Corrections needed:

- Infant Room, Busy Bees and Crazy Caterpillar rooms currently not being used program is aware they must over staff by one in infant room and Busy Bees (middle room) room. Crazy Caterpillar does not currently have adjoining room to have access to sink. Crazy Caterpillar is not being used until new sink is approved by local health + OEC.

- lead management Plan in process. Program has spackled in areas where ~~areas~~ ^(m) paint was chipping

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Signature: Fil Montanye / Jen SchuchPrint Name: Fil Montanye Jen Schuch

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jodi TorresOEC BY: 8/13/25Print Name: Jodi Torres