

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Once Upon a Time CDC Date: 8/9/22 Time: 11:15  
AM

Location Address: 326 W Main St. Milford Telephone #: 203 882 0983

e-mail address: gina@onceuponatimedc.com License #: 15106 Expiration Date: 7/31/26

Capacity: 145/88 # of Children Present: 100 # of Staff Present: 22

<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: Complaint Investigation Case 2022-590

Observations/Corrections needed:

NS 19a-79-7a(c) - Physical Plant - Cleanliness - Center appeared clean and per staff interviews, the toys, floor and carpets are cleaned regularly.

NS 19a-79-3a(d) - Administration - Program policies - Program followed their policies regarding withdrawal of children, Covid and other illnesses that require exclusion from the program.

NS 19a-79-4a(c)(3) - Staffing - Personal qualities - Per staff interviews, no evidence to support that staff do not have the personal qualities to work and relate to parents.

S 19a-79-10(g)(4) - Under Threes Endorsement - Safe sleep - 2 infants observed asleep in swings during walk through.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)  
Print Name: Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A 8/23/22

Signature: [Signature]  
(Person in Charge)  
Print Name: Gina Riven