

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 6983

e-mail address: gina@onceuponatimedc.com License #: 15106 Expiration Date: 7/31/24

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

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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Partial Inspection Case 2022-277

Observations/Corrections needed:

NS 19a-79-4a(c) - Staffing - ratios - Walk through conducted - No violations.

NS 19a-79-4a(c)(4)(b) - Staffing - Supervision - Walk through conducted - No violations.

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)

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

Signature: [Signature]
(Person in Charge)
Gina Rivera