

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Once Upon a Time CDC      Date: 9/27/24 Time: 10:00 AM  
Location Address: 326 W Main St.      Milford      Telephone #: 203 882 0983  
e-mail address: gina@onceuponatimecdc.com      License #: 15106      Expiration Date: 7/31/26  
Capacity: 145/88 # of Children Present: 103      # of Staff Present: 26

<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: Follow up case 2022-590

Observations/Corrections needed:  
NS 19a-79-10(g)(4) - Under threes Endorsement - Safe Sleep - Walk through conducted. No violations at this visit.

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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]  
(OEC Representative)  
Print Name: Lauren Hull  
Signature: [Signature]  
(Person in Charge)  
Print Name: Gina Rivera