

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Once Upon a Time CDC Date: 12/22/22 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: 101 # of Staff Present: 24+

**Consent to Inspect  
Family Child Care Home**

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

Purpose of visit: Partial Case 2022-590

7/2 15/2 u/2  
u/2 7/2 u/2  
8/2 7/2 2/1  
8/2 12/4 17/2

Observations/Corrections needed:

NS 19a-79-10(g)(4) - Under Three Endorsement - Sleep Arrangements -  
Walk through conducted - No violations 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: N/A

Signature: [Signature]  
(OEC Representative)  
Lauren Hull

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