

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: One Upon A Time Development Center   Date: 8/5/25   Time: 8:15am  
Location Address: 326 W Main St - Mattford, G. 06460   Telephone #: (262) 882-0983  
e-mail address: gina@oneuponatimedc.com   License #: 15106   Expiration Date: 7-31-26  
Capacity: 145   # of Children Present: 35   # of Staff Present: 14

**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 \_\_\_\_\_

Purpose of visit: Complaint Investigation on Case 2025-776

Observations/Corrections needed:

S = 19a-79-10(a)(4) - Infant slept in a swing for approximately 45 minutes

S = 19a-79-10(a)(6)<sup>4</sup> - Infants were not physically observed at least every 15 minutes when staff was laying on the floor for approximately 45 minutes.

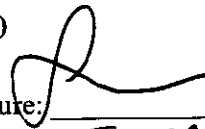
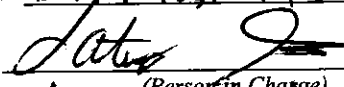
S = 19a-79-10(a)(8) - Infant safe sleep policy not implemented when an infant slept in a swing for approximately 45 minutes and 4 infants were not checked every 15 minutes.

Program to email video and statements from staff, correspondence sent to parents + safe sleep training

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: 8.18.25

Signature:   
Print Name: Erik Roberts (OEC Representative)  
Signature:   
Print Name: Latoya Smith (Person in Charge)