

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Once Upon A Time Development Center Date: 8/15/25 Time: 12:20pm
Location Address: 326 W Main St. Milford, Ct. 06460 Telephone #: (203) 882-0983
e-mail address: gina@onceuponatime.ct.com License #: 15106 Expiration Date: 7-31-26
Capacity: 145 # of Children Present: 63 # of Staff Present: 14

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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Safe Sleep follow up case-2025-776

Observations/Corrections needed:

No violations at this visit

Discussed: Keeping blankets off children's faces at naptime

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]
Print Name: Terrri Roberts
(OEC Representative)

Signature: [Signature]
Print Name: Brianna DeLuca
(Person in Charge)