



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	ONCE UPON A TIME DEVELOPMENT CENTER				License Number	DCCC.15106		Date of Inspection	12/16/2025		
					Expiration Date	7/31/2026		Time of Inspection	03:36 PM		
Address	326 W MAIN ST MILFORD CT 06460-2560				Telephone	(203) 882-0983		Licensed Capacity	145		
					Hours of Operation	7:00 AM – 6:00 PM		Under Three Capacity	88		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 weeks years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	gina@onceuponatimedc.com					
Operator	ONCE UPON A CHILD DEVELOPMENT CENTER LLC				Director	GINA RIVERA					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Karen Hicks					
Numbers of Staff/Children Present	# Children Present under age 3	37	# Total Children Present	56	# of Staff Present	13	Purpose of Visit	Follow-up to partial inspection for safe sleep			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
--------------------------------------------	-----------------------

No violations were cited during this inspection

Statute and/or Regulation and Description:	
--------------------------------------------	--

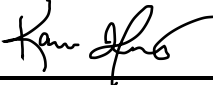

Statute and/or Regulation and Description:	
--------------------------------------------	--

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)] 130- Safe Sleep
Operator in compliance with sleep regulations at time of visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
--------------------------------------------------	-----------	--------------------------------------------------------------------------------------------------------------

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Karen Hicks	Gina Rivera	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
-------------------------------------------------------------------------------------	----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

OEC Representative's Email: karen.hicks@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
-------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------