☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sandbox Day Care Center Date: 6/21/22 Time: 2:00

Location Address: 4 Nabby Road Danbury Telephone #: 203-791-9000

e-mail address: Snabx12@gmail.com License #: 15678 Expiration Date: 1/31/25

Capacity: 42/24 # of Children Present: 25 # of Staff Present: 5

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: follow up on ratio + safe sleep

Observations/Corrections needed:

10:1

In compliance 8:2

7:2

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: 7/17

Signature: _____ (OEC Representative)

Print Name: Kristy Morgan

Signature: Faye Joseph (Person in Charge)

Print Name: Faye Joseph