

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sandbox Daycare Center Date: 10/15/22 Time: 2:30

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

e-mail address: Sndbx@gmail.com License #: 15478 Expiration Date: 1/31/25

Capacity: 42/24 # of Children Present: 24 # of Staff Present: 5(1)

**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 inspection on ratios + safe sleep

Observations/Corrections needed:

in compliance today 9:1
7:2
8:2

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: n/a

Signature: [Signature]
(OEC Representative)

Print Name: Krisi Morgan

Signature: [Signature]
(Person in Charge)

Print Name: Tammi Blesse