



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

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 SUPPLEMENTAL INSPECTION**

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|------------------------------|--|--------------------------|----|------------------------|--------------------------|----------------------|-----------------------------|------------|
| Program Name | SANDBOX TOO! | | | | License Number | DCCC.13304 | Date of Inspection | 05/22/2024 |
| | | | | | Expiration Date | 4/30/2026 | Time of Inspection | 09:15 AM |
| Address | 4 TERRE HAUTE ROAD DANBURY CT 06810 | | | | Telephone | (203) 791-2161 | Total Capacity | 30 |
| | | | | | Days and Hours | M-F 7:00AM - 6:00PM | Under Three Capacity | 16 |
| #Children Present | 19 | # Under 3 Present | 11 | # Staff Present | 5 | | Summer Care | Open |
| Purpose of Inspection | Follow up on safe sleep | | | | Name of Inspector | Kristi Morgan | | |
| Program's Email | Sndbx12@gmail.com | | | | Inspector's Email | kristi.morgan@ct.gov | | |

Regulatory Violations

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|---------------------------------------|---------------------------------------|
| Statute and/or Regulation: [-] | Description: 000 No Violations |
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No violations were cited during this inspection

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| Statute and/or Regulation: | Description: |
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| Other Findings – Regulations In Compliance | |
| Statute and/or Regulation: [19a-79-10(g)(1)] | Description: 127-Under 12 Months Placed on Back for Sleeping |
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| Statute and/or Regulation: [19a-79-10(g)(1) and/or 19a-79-10(g)(4)] | Description: 128-Alternate Sleep Position/Equipment Medical Documentation |
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| Statute and/or Regulation: [19a-79-10(g)(1) and/or 19a-79-10(d)(2)(A)] | Description: 129-Crib/Bed Used for Infant Sleeping |
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| Statute and/or Regulation: [19a-79-10(g)(3) and/or 19a-79-7a(g)(1)] | Description: 130-Crib/Bed Free from Observable Hazards |
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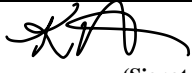
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| Statute and/or Regulation: | Description: |
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| YES/NO: No | WERE VIOLATIONS CITED DURING THIS VISIT? |
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| DISCUSSIONS/COMMENTS |
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NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

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|---|-----------------------------------|---------------------------------|--|
|  (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Person in Charge) |
| Kristi Morgan (Printed Name) | (Printed Name) | | Katie Haug (Printed Name) |