



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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

Program Name	SANDBOX TOO!				License Number	DCCC.13304	Date of Inspection	07/16/2024
					Expiration Date	4/30/2026	Time of Inspection	08:19 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	16	# Under 3 Present	10	# Staff Present	4	Summer Care	Open	
Purpose of Inspection	Partial inspection on safe sleep and ratio				Name of Inspector	Kristi Morgan		
Program's Email	Sndbx12@gmail.com				Inspector's Email	kristi.morgan@ct.gov		



### Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
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<b>Other Findings – Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-79-10(c)(2) and/or 19a-79-4a(c)(6)]	<b>Description:</b> 110-Under Three Endorsement: Ratio: 1 Staff to 4 Children
<b>Statute and/or Regulation:</b> [19a-79-10(g)(1)]	<b>Description:</b> 127-Under 12 Months Placed on Back for Sleeping

<b>Statute and/or Regulation:</b> [19a-79-10(g)(1) and/or 19a-79-10(g)(4)]	<b>Description:</b> 128-Alternate Sleep Position/Equipment Medical Documentation
<b>Statute and/or Regulation:</b> [19a-79-10(g)(1) and/or 19a-79-10(d)(2)(A)]	<b>Description:</b> 129-Crib/Bed Used for Infant Sleeping
<b>Statute and/or Regulation:</b> [19a-79-10(g)(3) and/or 19a-79-7a(g)(1)]	<b>Description:</b> 130-Crib/Bed Free from Observable Hazards
<b>YES/NO: No</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
<b>DISCUSSIONS/COMMENTS</b>	

**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.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Kristi Morgan</b> (Printed Name)	(Printed Name)		<b>Katie Haug</b> (Printed Name)