

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sandbox Daycare Center Date: 2/7/25 Time: 10:00

Location Address: 4 Nabby Rd. Danbury Telephone #: _____

e-mail address: _____ License #: 15678 Expiration Date: 1/31/29

Capacity: 42/24 # of Children Present: 17/12 # of Staff Present: 5

Consent to Inspect Family Child Care Home	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: Partial inspection on safe sleep

Observations/Corrections needed:

<u>in compliance today</u>	<u>7:2</u>
	<u>5:1</u>
	<u>5:2</u>

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: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Caterina Capilupi