

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	Sandbox Too!	Date of Inspection:	5/22/25	Time of Arrival:	9:30
Address:	4 Terre Haute Rd.	License Number:	13304	Expiration Date:	4/30/26
Town:	Danbury, CT 06810	Telephone Number:	203-791-2461	Summer Care:	Open
Operator:	Pitter Pitter Preschool Inc.	# of Staff Present:	4	# over 3 Present:	7
Email:	sandbox12@gmail.com	Total Capacity:	30	# under 3 Present:	13
Designated Director:	Katie Haug	Total Under 3 capacity:	14	Ages Served:	6wks-7y
		Hours/Days of Operation:	M-F 7:00-6:00		

Instruction Codes: = Regulation in Compliance = Regulation not in Compliance N/A = Not applicable at this time

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 10/21/24

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	POLICIES-COMLETE/IMPLEMENTED
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	ACCESS
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds in prek-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input type="checkbox"/> 18.	POSTINGS
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted
<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted
<input checked="" type="checkbox"/> 10(g)(8)	Safe Sleep policy posted

<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.	RATIOS
<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group
<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.	GROUP SIZE
<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> 30. (e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31. (f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (a)(2)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
<input checked="" type="checkbox"/> (h)(2)	1% annual hours
<input checked="" type="checkbox"/> 34.	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input type="checkbox"/> 35.	CONSULTANTS
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian
<input type="checkbox"/> (i) - (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Sandbox too!	LICENSE NUMBER	13304	DATE OF INSPECTION	5/22/25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	37.		PARENT PERMISSIONS	<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(a)(1)(D)(i) Emergency medical permission	<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(a)(1)(D)(ii) Authorized release permission	<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(a)(1)(D)(iii) Field trip permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(a)(1)(D)(iv) Transportation permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	79.		SMOKING
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/>		(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/>		(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>		(d)(9)	Electrical safety – outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases				TOILETING
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/>	81.		Shared toilets/sinks-supervision plan

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/>	82.	(d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>		(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(C)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)	<input checked="" type="checkbox"/>		(d)(10)(E)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(F)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		(d)(10)(G)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (N/A)	<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>	84.		AIR TEMPERATURE
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>		(e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>	86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>	87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>		(c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/>	88.		WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/>		(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/>		(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
				<input checked="" type="checkbox"/>		(e)(5)	Rugs- not a tripping/slipping hazard
				<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected
				<input checked="" type="checkbox"/>	91.		TELEPHONE/TELEPHONE NUMBERS
				<input checked="" type="checkbox"/>		(e)(7)	Working phone on each level
				<input checked="" type="checkbox"/>		(e)(7)	Emergency numbers posted-adjacent to phones
				<input checked="" type="checkbox"/>		(e)(7)	Parents provided direct on site phone number
				<input checked="" type="checkbox"/>	94.		LIGHTING
				<input checked="" type="checkbox"/>		(e)(8)	All areas min. 1 foot candle of lighting
				<input checked="" type="checkbox"/>		(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
				<input checked="" type="checkbox"/>		(e)(9)	Enough lighting for comfort
				<input checked="" type="checkbox"/>	95.	(e)(10)	Light fixtures shielded/shatter proof
				<input checked="" type="checkbox"/>	96.	(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
				<input checked="" type="checkbox"/>	97.	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
				<input checked="" type="checkbox"/>	98.	(e)(13)	Stairs-protected/good repair-handrails
				<input checked="" type="checkbox"/>	99.	(e)(14-15)	Toxic plants/materials inaccessible
				<input checked="" type="checkbox"/>			Pets or other animals-in good health, written care plan including access to children
				<input checked="" type="checkbox"/>	100.	(e)(16)	Measures to prevent vermin
				<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: 4.2/105 1.5 (Scho-N/A)
				<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
				<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
				<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
				<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
				<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
				<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 318125	<input checked="" type="checkbox"/>	100.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: 4.2/105 1.5 (Scho-N/A)
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (S.A.O. N/A)	<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	69.	(c)(5)(A)	WATER SUPPLY - Public/Well (Schools N/A)	<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials
<input checked="" type="checkbox"/>		(c)(5)(B)	Lead Water Test - Date: 3/28/25				
<input checked="" type="checkbox"/>		(c)(5)(C)	Bact./Chem Test-Date: (N/A)				
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	Drinking water available/accessible				
<input checked="" type="checkbox"/>		(c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results _____				
<input checked="" type="checkbox"/>			Lead Management Plan _____				
<input checked="" type="checkbox"/>			Peeling Paint - Y/N Inside/Outside				

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Sandbox Too!	LICENSE NUMBER 13304	DATE OF INSPECTION 5/22/25
PHYSICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 cont.
<input checked="" type="checkbox"/> 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls <input checked="" type="checkbox"/> 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around <input checked="" type="checkbox"/> 110. (j) No weapons/no facsimile of a firearm <input checked="" type="checkbox"/> 111. <u>OUTDOOR SPACE</u> <input checked="" type="checkbox"/> (h)(1) Adequate space- 75 sq. ft. per child <input checked="" type="checkbox"/> (h)(2) Shock absorbing surfaces-minimum 8" <input checked="" type="checkbox"/> (h)(3) Playground free from hazards <input checked="" type="checkbox"/> (h)(4) Nuts, bolts, screws-tight, covered/protected <input checked="" type="checkbox"/> (h)(5) Outside equipment anchored-anchors buried <input checked="" type="checkbox"/> (h)(6) New equip- cert playg. Inspection upon request <input checked="" type="checkbox"/> (h)(8) Drinking water available/accessible <input checked="" type="checkbox"/> (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous <input checked="" type="checkbox"/> 112. <u>OUTDOOR PROTECTED/FENCED</u> <input checked="" type="checkbox"/> (h)(7) Playground protected from traffic, water, gullies or other hazards <input checked="" type="checkbox"/> (h)(7)(A) Fences installed to protect from hazards-4 ft <input checked="" type="checkbox"/> (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks <input checked="" type="checkbox"/> (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A) <input checked="" type="checkbox"/> 114. <u>WATER HAZARDS</u> <input checked="" type="checkbox"/> (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A) <input checked="" type="checkbox"/> (i) Wading pools prohibited <input checked="" type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input checked="" type="checkbox"/> 129. <input checked="" type="checkbox"/> 130. <input checked="" type="checkbox"/> 131. <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136. <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	<u>DIAPERING cont.</u> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed <u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed <u>TOYS AND OTHER OBJECTS</u> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <u>FEEDING</u> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
EDUCATIONAL REQUIREMENTS 19a-79-8a		
<input checked="" type="checkbox"/> 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents <input checked="" type="checkbox"/> 116. (a) <u>EDUCATIONAL REQUIREMENTS</u> <input checked="" type="checkbox"/> (1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors <input checked="" type="checkbox"/> (b) Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	<input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	
UNDER THREE ENDORSEMENT 19a-79-10 Y/N		
<input checked="" type="checkbox"/> 117. (b) Approved Under 3 Endorsement <input checked="" type="checkbox"/> 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) <input checked="" type="checkbox"/> 119. (c)(3) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) <input checked="" type="checkbox"/> 120. (c)(4) Physical barriers separating each group of children- indoors/outdoors <input checked="" type="checkbox"/> 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep <input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii) Cribs/Pack-n-Plays -in compliance w/CPSC <input checked="" type="checkbox"/> 123. (d)(2)(B) Washable cots <input checked="" type="checkbox"/> 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray <input checked="" type="checkbox"/> 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment <input checked="" type="checkbox"/> 126. (d)(2)(E) Refrigerator and food prep facilities <input checked="" type="checkbox"/> 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free <input checked="" type="checkbox"/> 128. <u>DIAPERING</u> <input checked="" type="checkbox"/> (e)(1) Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> 143. <input checked="" type="checkbox"/> 144.	(e)(2) (e)(3) (e)(4) (e)(5) (e)(6-9) (e)(7) (e)(8) (e)(10)(A-C) (f)(1) (f)(2) (f)(3) (f)(4) (g)(1) (g)(1) (g)(1) (g)(2) (g)(3) (g)(4) (g)(5) (g)(6) (g)(7) (g)(8) (h)(1) (h)(1) (h)(2) (h)(2) (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5) (l)(1) (l)(2) (l)(3)
SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N		
<input checked="" type="checkbox"/> 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep <input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii) Cribs/Pack-n-Plays -in compliance w/CPSC <input checked="" type="checkbox"/> 123. (d)(2)(B) Washable cots <input checked="" type="checkbox"/> 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray <input checked="" type="checkbox"/> 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment <input checked="" type="checkbox"/> 126. (d)(2)(E) Refrigerator and food prep facilities <input checked="" type="checkbox"/> 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free <input checked="" type="checkbox"/> 128. <u>DIAPERING</u> <input checked="" type="checkbox"/> (e)(1) Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> 143. <input checked="" type="checkbox"/> 144.	Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Sandwich Too!	LICENSE NUMBER	13304	DATE OF INSPECTION	5/22/25
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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.	(b)(1)(A)	STAFF TRAINING Staff training – first aid
		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
		(i)-(iii)	
		(b)(2)	Training updated at least every 3 years
		(b)(3)	Written documentation of training
		(c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/>	178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		SLEEP PROVISIONS
		(b)(6)	Individual cot/crib with bedding
		(b)(6)(A)	Sleeping apparel/toiletries labeled
		(b)(6)(B)	Required bedding
		(b)(6)(C)	Required toiletries
		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
		(b)(7)	Sleep arrangements for infants
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/>	156.	(b)(10)	Local health approval

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION
		(a)(2)	Admin/Parent permission/report errors
		(a)(3)(A-B)	Labeling and Storage
		(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING
		(b)(1)(A/C)	Medication training-general-oral/top/inhalant
		(b)(1)(D)	Injectable premeasured autoinjector medication
		(b)(1)(E)	Rectal medication
		(b)(1)(F)	Injectable other than premeasured auto-injector
		(b)(2)(A-B)	Training approval documents/certificates
		(b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/>	180.	-	N/A	Consent Order/Negotiated Corrective Action Plan conditions	(N/A)
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DISCUSSIONS/COMMENTS

- policies to be updated/created to reflect change in regulations adopted 10/2024.

~~see ma for missing addresses. OK~~

- Toddler room thermostat reading low per director - heat would not turn on this morning + landlord was contacted to fix by tomorrow.

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff	[Signature]
Printed Name	Krisni Morgan

Signature of person in charge	
Printed Name	

OEC DIVISION OF LICENSING
 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 6/14/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sandbox Too! License # 13304 Date: 5/22/25

Observations/Corrections needed:

18 - Administrative oversight policy + safe sleep policy not posted.

35 (i) - (i)(2)(A-H) - Education, health + social service Consultant agreements missing newly required duties.

40 - 1 individual care plan not signed by staff.

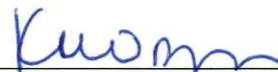
46 - Observed 2 hot coffee ~~on~~ on low wall near where infants were playing; Cabinet above toilet in toddler room in disrepair - door only on 1 hinge.

69 - lead water test only tested 1 sink.

130 (g)(8) - no documentation that the parents are informed of the safe sleep policies.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 
(OEC Representative)
Print Name: Krisi Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/4/25

Signature: 
(Person in Charge)
Print Name: Katie Haug