

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sand Castle Learning Center Date: 7/30/25 Time: 9:01 am

Location Address: 301 A Brewster Rd Milford Telephone #: 203-289-9362

e-mail address: sandcastleinc@gmail.com License #: 16552 Expiration Date: 8/31/29

Capacity: 84 # of Children Present: 49 # of Staff Present: 18

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> Provider/Applicant/Substitute's Signature <u>NA</u>
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Purpose of visit: follow up to 7/1/25 inspection

Observations/Corrections needed:

✓ #119 under 8 group size: in compliance at this visit

⊕ #130 safe sleep ~~(g)(1)~~ (g)(1) observed 3 cribs in which did not have tight fitting sheets. observed 1 infant being put to sleep on stomach.

(g)(3) observed blankets, sheets and Bibs hanging on cribs (3 infants in cribs at the time) observed 1 infant on stomach asleep with mini poppie on lower back and 1 infant being put to sleep w/ ~~(FM)~~ sleep sack as blanket

Discussion: observed old safe sleep flyer in infant room. program must have safe sleep policy posted where infants sleep with new regulations and parents must be informed

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: 8/13/25

Signature: Fil Montanye / Jen Schuk
(OEC Representative)
Print Name: Fil Montanye / Jen Schuk
Signature: Shaun Peacock
(Person in Charge)
Print Name: Shaun Peacock