

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sandcastle Learning Center   Date: 7/1/25   Time: 3:06pm

Location Address: 301A Brewster Rd Milford 06460   Telephone #: 203-289-9362

e-mail address: sandcastleinc@gmail.com   License #: 16552   Expiration Date: 3/31/29

Capacity: 84   # of Children Present: 36   # of Staff Present: 14

<b>Consent to Inspect Family Child Care Home</b>	<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 inspection dated 5/13/25  
Group size under 3

Observations/Corrections needed: Program not in compliance with:

#119 - Group size under 3 when upon arrival pm 2  
had 12 children on one side with 4 staff per staff  
a few children were not 3. 1 staff pointed out 1 that  
was 2.

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: 7/15/25

Signature: [Signature]  
(OEC Representative)

Print Name: Fi Montanye

Signature: [Signature]  
(Person in Charge)

Print Name: KEN DEARIST