

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sandcastle Learning Center Date: 8/26/25 Time: 9:07am
Location Address: 301A Brewster Rd Milford Telephone #: 203-289-9362
e-mail address: sandcastle,inc@gmail.com License #: 16552 Expiration Date: 3/31/29
Capacity: 84 # of Children Present: 47 # of Staff Present: 11

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature NA

Purpose of visit: Follow up to 7/30/25 inspection

Observations/Corrections needed:

#130 (g)(1) tight fitting sheets in compliance at
this visit

(g)(1) back to sleep in compliance at this
visit

(g)(3) NO items in cribs in compliance at
this visit.

Discussion

• safe sleep policy posted → is now posted at
this visit

★ violations: Program not in compliance with

#118 (C)(2) Ratios when observed 1:14 ratio in room 2

#119 (C)(3) Group size when 14 two year olds were observed with 1 staff

#120 (C)(4) barrier when no barrier was observed in room 2 with
1:14 ratio and group size

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: 9/9/25

Signature: Felmontaniet (PF)

Print Name: Felmontaniet (PF)

Signature: Sharon Paredes (Person in Charge)

Print Name: Sharon Paredes