

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sandcastle Learning Center Date: 9/3/25 Time: 9:02am

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

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

Capacity: 84 # of Children Present: 57 # of Staff Present: 14

Consent to Inspect Family Child Care Home	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. Provider/Applicant/Substitute's Signature <u>NA</u>
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Purpose of visit: Follow up to 8/26/25 inspection

Observations/Corrections needed:

#118 (c)(2) under 3 ratios: Program was not in compliance with ratios in room. Program must over staff by 1 at all times due to not having a sink + changing table. Observed 7:2 on one side that needs to overstaff by 1. (4:1 on other side).

#119 (c)(3) Group size: in compliance at this visit

#120 (c)(4) barrier (indoors): in compliance at this visit

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: 9/17/25

Signature: Fil Montanye
(OEC Representative)
Print Name: Fil Montanye
Signature: Sharon Paredes
(Person in Charge)
Print Name: Sharon Paredes