

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

**Connecticut Office of Early Childhood**  
Division of Licensing  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063   [www.ctoec.org](http://www.ctoec.org)   Fax (860)326-0552

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Sandcastle Learning Center   Date: 11/11/25   Time: 8:22  
Location Address: 301A Brewster Rd Milford   Telephone #: 203-288-9362  
e-mail address: sandcastleinc@gmail.com   License #: 16552   Expiration Date: 3/31/29  
Capacity: 84   # of Children Present: 39   # of Staff Present: 8

**Consent to Inspect**   *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.*  
**Family Child Care Home**   *Provider/Applicant/Substitute's Signature*   NA

Purpose of visit: Partial inspection to inspection dated 5/13/25

Observations/Corrections needed:

#119- Group size: in compliance at this visit

#130 Safe sleep (g)(1-8): in compliance at this visit

#118: Ratio: in compliance at this visit

#120: Physical Barriers: 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: N/A

Signature: [Signature]  
Print Name: Al Montanye  
(OEC Representative)  
Signature: [Signature]  
Print Name: Sharon Parcides  
(Person in Charge)