☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks Early Learning-Avon Date: 9/13/21 Time: 9:20

Location Address: 84 W. Avon Rd, Avon Telephone #: (860) 675-1888

e-mail address: avn@blockslearning.com License #: 70607 Expiration Date: 3/31/25

Capacity: 124/46 # of Children Present: 63 # of Staff Present: 16

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*** n/a

Purpose of visit: Fence Follow-up

Observations/Corrections needed:

15/3	Fence now measuring more than 4 feet.
4/1	
17/2	
3/1	
5/2	
8/2	
4/1	
7/2	

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: n/a

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight

Signature: Sarah Gonzalez
(Person in Charge)
Print Name: Sarah Gonzalez