

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks Date: 10/25/22 Time: 1:00

Location Address: 477 Main St. Monroe Telephone #: 203-261-6330

e-mail address: lmartino@blockslearning.com License #: 70523 Expiration Date: 10/31/23

Capacity: 158/40 # of Children Present: 71 # of Staff Present: 11 (3)

**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** \_\_\_\_\_

Purpose of visit: follow up on safe sleep + ratio

Observations/Corrections needed:

19a-79-4a(c)(5) - observed 6 children under 2:1  
the age of 3 with 1 staff at naptime with one all - 8:1  
child awake. sleeping 3:1

all sleeping - 6:1

19a-79-10(c)(2) - observed infant room 4:1

with 5 infants + 1 staff; observed 5 1 awake - 6:1

Children under the age of 3 in preschool room 4:1

without parent/director signed permission. 7:1

17:2

Safe sleep in compliance at this time. 9:1

5:1

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: 11/9/22

Signature: [Signature]  
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]  
(Person in Charge)

Print Name: Lisa Martin