

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks ELL Date: 1/3/23 Time: 2:15

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

e-mail address: kbramley@blocksteaming.com License #: 70523 Expiration Date: 10/21/23

Capacity: 158/160 # of Children Present: 67 # of Staff Present: 12(2)

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

Purpose of visit: partial inspection on ratios + safe sleep

Observations/Corrections needed:

in compliance today. all asleep - 8:1  
10:1  
8:1  
8:1  
8:1  
4:1  
4:1  
8:2  
4:1  
8:2

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: [Signature]  
(Person in Charge)