



**DIVISION OF LICENSING**  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 SUPPLEMENTAL INSPECTION**

<b>Program Name</b>	<b>BUILDING BLOCKS EARLY LEARNING CENTER - MIDDLETOWN</b>				<b>License Number</b>	<b>DCCC.70603</b>	<b>Date of Inspection</b>	<b>09/09/2024</b>
					<b>Expiration Date</b>	<b>3/31/2025</b>	<b>Time of Inspection</b>	<b>12:50 PM</b>
<b>Address</b>	<b>800 EAST ST  MIDDLETOWN CT 06457-1738</b>				<b>Telephone</b>	<b>(860) 632-2014</b>	<b>Total Capacity</b>	<b>122</b>
					<b>Days and Hours</b>	<b>MON-FRI 7AM-6PM</b>	<b>Under Three Capacity</b>	<b>62</b>
<b>#Children Present</b>	<b>53</b>	<b># Under 3 Present</b>	<b>26</b>	<b># Staff Present</b>	<b>13</b>	<b>Summer Care</b>	<b>Open</b>	
<b>Purpose of Inspection</b>	<b>Follow up to inspection dated 7/22/2024</b>				<b>Name of Inspector</b>	<b>Jenn Schulz</b>		
<b>Program's Email</b>	<b>mid@blockslearning.com</b>				<b>Inspector's Email</b>	<b>jennifer.schulz@ct.gov</b>		

**Regulatory Violations**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
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No violations were cited during this inspection

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings – Regulations In Compliance</b>	
Statute and/or Regulation: [19a-6a(c) and/or 19a-6a(d)]	Description: 044-First Aid Kit(s):Indoor/Outdoor/Field Trip
Statute and/or Regulation: [19a-79-6a and/or 19a-79-7a]	Description: 045-License Premise Clean/Good Repair/Safe

Statute and/or Regulation: [19a-79-7a(e)(5)]	Description: 070-Rugs Secured

Statute and/or Regulation: [19a-79-9a(b)(5)]	Description: 103-Oral/Topical/Inhalant/Injectable Medications: Labeling/Storage



Statute and/or Regulation: [19a-79-10(i)]	Description: 134-Health Consultant/Documentation of Visits

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

Program has updated complaint procedure

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Jenn Schulz (Printed Name)	(Printed Name)		Michelle Figueroa (Printed Name)