

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks Early Learning Ctr. Date: 3/6/25 Time: 10:00

Location Address: 72 Camp Ave. Stamford Telephone #: 203 517-9769

e-mail address: agreenspan@blockslearning.com License #: 16753 Expiration Date: 8/31/25

Capacity: 155/82 # of Children Present: 96/61 # of Staff Present: 25+

**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: Investigation 2025-203

Observations/Corrections needed:

⑤ 19a-79-4a(d)(4)(D) Supervision - regulation not met when child was left unattended in a classroom for two minutes and 17 seconds (observed on facility classroom cameras).

⑤ 19a-79-3a(d) Implement program policies - staff failed to do name to face checks when leaving her classroom resulting in her not knowing that she was missing a child. Staff failed to notify administration of child being left unattended.

Ⓟ 19a-79-3a(b)(7)(A) Managing child behaviors - pending completion of interviews.

⑤ 19a-79-5a(a)(3)(A) Incident report - did not observe evidence of program providing parent with written incident report.

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: 3/20/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: _____
(Person in Charge)

Print Name: Alison Greenspan