

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks Early Learning Ctr. Date: 3/19/25 Time: 10:30

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

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

Capacity: 155/82 # of Children Present: 82/47 # of Staff Present: 20

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 for investigation 2025-203

Observations/Corrections needed:

(NS) 19a-79-4a(d)(4)(D) Supervision - operator in compliance at time of visit.

(NS) 19a-79-3a(d) Implement policies - operator in compliance at time of visit. Observed one class transition from outside following policy.

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: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: H. Ashley
(Person in Charge)

Print Name: Hillary Ashley