

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks Early Learning Ctr Date: 4/28/25 Time: 10:15

Location Address: 72 Camp Ave. Stamford Telephone #: 203517-9769

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

Capacity: 155/82 # of Children Present: 107/59 # of Staff Present: 25+

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature
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Purpose of visit: Investigation 2025-397 (self report)

Observations/Corrections needed:

(NS) 19a-79-4a(f)(1-2) First aid / CPR trained staff - observed evidence of trained staff present.

(NS) 19a-79-5a(a)(1)(D)(iv) Transportation permission and 19a-79-5a(a)(1)(i) medical Emergency permission - observed evidence of complete permission forms.

(NS) 19a-79-5a(a)(3)(A) - Injury Report - observed completed incident report documenting medical emergency.

(S) 19a-79-3a(d) Implement program policies - staff did not implement program policies about cell phone use when both staff were observed on their phones during active supervision time with children on video review.

(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: May 12, 2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: [Signature]
(Person in Charge)

Print Name: Alison Greenspon