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

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks Learning Center Date: 6/25/25 Time: 12:15

Location Address: 911 N. Farms Rd. Wallingford Telephone #: 203-269-2266

e-mail address: office@mybblc.com License #: 70223 Expiration Date: 2/28/27

Capacity: 98/48 # of Children Present: 84 # of Staff Present: 17

| | |
|---|---|
| ***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: follow up on Supervision

Observations/Corrections needed:

in compliance

8:2

3:1

16:2

8:2

7:2

5:2

8:2

15:2

14:2

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

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

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

Signature: _____
*(OEC Representative)*

Print Name: Kristi Morgan

Signature: _____
*(Person in Charge)*

Print Name: Christina Rei