

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks Learning Center   Date: 6/17/25   Time: 1:30

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

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

Capacity: 98/48   # of Children Present: 77   # of Staff Present: 17

<b>Consent to Inspect Family Child Care Home</b>	<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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Investigation - case 2025-560

**Observations/Corrections needed:**

19a-79-3a(d)(5) Administration - policies - staff failed to follow program's supervision policy when they failed to do a head count prior to taking the children outside.



19a-79-4a(d)(4)(D) - staffing - supervision - staff failed to properly supervise children when 1 child was left inside in the classroom for approximately 3 minutes while the class was transitioning outside.

Discussed: loose crib sheet.

**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: 7/11/25

Signature:   
(OEC Representative)  
Print Name: Kristi Morgan  
Signature:   
(Person in Charge)  
Print Name: Christine Ricci