

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks of Windsor Date: 8/4/25 Time: 8/27/25

Location Address: 842 Marshall Phelps Rd. Windsor Telephone #: 860-683-2229

e-mail address: Carrie.abare@learningcenterct.com License #: 13709 Expiration Date: 9/30/25

Capacity: 111 # of Children Present: 39 # of Staff Present: 11

**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: Case 2025-861

#### Observations/Corrections needed:

- ⑤ 19a-79-5a(a)(3)(B) - Record Keeping - notification - Injury reports - program  
Failed to immediately notify parent in 7 out of 8 accidents  
reviewed between 12/13/24 and 8/1/25.
- NS 19a-79-3a(b)(2) - administration - meeting the needs of  
the child - no evidence to support regulatory violation -  
program assisted in behavioral services for child + separated  
children.
- NS 19a-79-5a(a)(3)(A) - Record Keeping - Accident/Injury reports -  
Accident/Injury reports were provided to parent by staff -  
no evidence to support regulatory violation.

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: 9/9/25

Signature: [Signature]  
(OEC Representative)

Print Name: Krini Morgan

Signature: [Signature]  
(Person in Charge)

Print Name: Carolyn Abare