

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Building Blocks LLC Date: 9/17/25 Time: 3:00
Location Address: POD East St. Middletown Telephone #: 860-632-2014 ^{x2}
e-mail address: mid@blocksteaming.com License #: 70003 Expiration Date: 3/31/29
Capacity: 122/102 # of Children Present: 03 # of Staff Present: 13

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: Partial inspection case 2025-560 ⁶⁶²

Observations/Corrections needed:

<u>19a-79-4a(c)(4)(D) - Staffing - supervision</u>	<u>8:1</u>
<u>- in compliance</u>	<u>8:1</u>
_____	<u>7:2</u>
_____	<u>4:1</u>
_____	<u>5:1</u>
_____	<u>10:1</u>
_____	<u>6:2</u>
_____	<u>4:1</u>
_____	<u>4:1</u>
_____	<u>10:1</u>

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: [Signature]
(OEC Representative)
Print Name: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Michelle Figueroa