



DIVISION OF LICENSING

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 Email: oeclicensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 SUPPLEMENTAL INSPECTION**

Program Name	BRIDGEPORT CT CENTER OF THE ARTS				License Number	DCCC.70754	Date of Inspection	07/18/2024
					Expiration Date	5/31/2028	Time of Inspection	10:27 AM
Address	415 CAPITOL AVE BRIDGEPORT CT 06606-5447				Telephone	(475) 449-9559	Total Capacity	30
					Days and Hours	M-F 3pm-6pm	Under Three Capacity	0
#Children Present	0	# Under 3 Present	0	# Staff Present	2	Summer Care	Open	
Purpose of Inspection	Consent Order monitoring 1sr visit				Name of Inspector	Kevin Eddy		
Program's Email	childrensarts@yahoo.com				Inspector's Email	kevin.eddy@ct.gov		

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Other Findings – Regulations In Compliance	
Statute and/or Regulation: [-]	Description: 164-CO/NCAP Compliance Violation(s)
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:


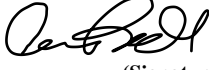
Statute and/or Regulation:	Description:

<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

#4 - Education consultant Margaret Conway conducted supervision training on 6/19/24. Discussed any new staff will also receive training.
 #5 - OEC conducted technical assistance on 6/27/24
 #6 & #7- CQIS conducted on site visits on 5/3/24 and 5/10/24. Observed updated policies on record keeping, staffing, and supervision. Discussed continuing quarterly visits. Observed CQIS recommendation's implemented.
 #8 - Observed Amarilis Rockhill attended CQIS meeting on 5/3/24 and 5/10/24

NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Kevin Eddy (Printed Name)	(Printed Name)		AMARILIS ROCKHILL (Printed Name)