

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Big Dreams, FLC Date: 2/3/25 Time: 12:50

Location Address: 789 Reservoir Ave Bridgeport Telephone #: 917 509-1681

e-mail address: rvergules@hotmail.com License #: 70702 Expiration Date: 4/30/27

Capacity: 129/56 # of Children Present: 22/10 # of Staff Present: 5

**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: Investigation 2025-96 self-report

Observations/Corrections needed:

(S) 19a-79-3a(b)(7)(A) Child behavior management - regulation was not met when a staff member was observed to use his hands to hit the child's cheeks back and forth after she had pushed a friend. Child's reaction was to startle and then run to a parent who came in the room.

(S) 19a-79-4a(a)(2) Professional development documentation - regulation not met when there was no evidence of staff receiving annual training on policies and procedures of the program.

(NS) 19a-79-4a(c) Background check requirements - observed evidence that staff member was current in BCIS system.

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: 2/17/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Jeanette Vega / Sonia Bay
(Person in Charge)

Print Name: Jeanette Vega / Sonia Bay