

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BCCA Date: 12/5/24 Time: 3:04 pm
Location Address: 415 Capitol Ave, Bridgeport Telephone #: 475-449-9449
e-mail address: Childrens arts@yahoo.com License #: 70754 Expiration Date: 5/31/28
Capacity: 30 # of Children Present: 12 # of Staff Present: 3

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature NA

Purpose of visit: CO Monitoring

Observations/Corrections needed:

- * 4a. The Operator is in compliance with maintaining an Education Consultant.
- * 4b. The Operator is in compliance with conducting training within 2 months
- * 4c. The Operator is in compliance with ensuring staff receives training
- * 4d. The Operator is in compliance maintaining documentation
- * 5a. The Operator is in compliance with DEC TA.
- * 5b. The Operator is in compliance of receiving TA within 3 months
- * 5c. The Operator is in compliance maintaining records of TA
- * 6a. The Operator is in compliance contacting CQIS.
- * 6b. The Operator is in compliance developing and implementing written policies and procedures.

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Carlos Albizu
Signature: [Signature]
(Person in Charge)
Print Name: Amarilis Rockhill

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: BCCA License # 70754 Date: 12/5/20

Observations/Corrections needed:

- * 6c - The operator is in compliance with maintaining documentation of such policies.
- * 7a - The operator is in compliance with CQIS conducting quarterly on-site observations
- * 7b - The operator is in compliance ensuring CQIS conducted an observation within 2 months.
- * 7c - The operator is in compliance ensuring CQIS submit a written observation.
- * 7d - The operator understands and acknowledges that CQIS involvement for 2 yrs.
- * 7e - The operator is in compliance maintaining documentation of required observations.
- * 8a - Amanlis Rockhill acknowledges she must be present during on-site observations.
- * 8b - The operator is in compliance maintaining documentation to verify attendance.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: _____

Print Name: Carlos Mojiz

Signature: _____

(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

DEPT

DATE

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