

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Alliance - Inner City Date: 11/2/22 Time: 945  
Location Address: 1070 PARK AVE BRIDGEPORT Telephone #: 203 366 8241  
e-mail address: tyounger@alliancect.org License #: 14425 Expiration Date: 12/31/24  
Capacity: 230/116 # of Children Present: 166 # of Staff Present: 14+

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>N/A</u>
--	--

Purpose of visit: Complaint Investigation Case 2022-893

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise a child when he was left in a hallway alone for about 1 minute.

⑤ 19a-79-3a(d) - Administration - Program policies - Staff failed to follow the programs transition policy when she did not do a head count of the children when returning to the classroom from the bathroom.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

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

Signature: [Signature]  
(OEC Representative)  
Lauren Hill

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/16/22

Signature: [Signature]  
(Person in Charge)  
Tanya Lloyd, Director ELD