

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

SUPPLEMENTAL REPORT OF INSPECTION

Program/Provider: Cora Wright Early Learning Center Date: 9/12/25 Time: 8:50am
Address: 233 Bennett St. Bpt., LA 06605 Telephone #: (203) 549-8900
Email address: benny@alliancect.org License #: 16496 Expiration Date: 3.31.26
Capacity: 46 # of Children Present: 8 # of Staff Present: 6

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: Complaint Investigation

Observations/Corrections needed:

S = 19a-79-8a(a)(i) Program not taking children outside daily as reported by staff

NS = 19a-79-8a(a)(ii) moderate and vigorous activity for children 3 and up. Program does not enroll preschool aged children or schoolage; only under 3.

NS = 19a-79-3a(b)(2) - No evidence to verify staff aren't meeting children's needs by not allowing birth to 3 workers in. Staff report they have schedules and the workers at times haven't followed them.

Program to email program plan + Staff Statement
Program which delivery expected 3.19.25 children are not using equipment until 8 inch requirement met.

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 _____

Signature: Terr K Roberts
(OEC Representative)
Print Name: Terr K Roberts
Signature: [Signature]
(Person in Charge)