

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cora Wright Early Learning Center Date: 4/2/25 Time: 9:00

Location Address: 233 Bennett St. Bridgeport Telephone #: 203 ⁵⁴⁹⁻⁸⁹⁰⁰ ~~366-8247~~

e-mail address: mlopez@alliancect.org License #: 16496 Expiration Date: 3/31/26

Capacity: 40 # of Children Present: 15 # of Staff Present: 8

Consent to Inspect Family Child Care Home	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: Investigation 2025-298

Observations/Corrections needed:

⑤ 19a-79-3a(d) Implement policy - regulation not met when staff did not follow the program policy that prohibits a staff person to be alone with a child in the bathroom. Staff member used a toilet in the children's bathroom at the same time a child was using the bathroom.

* Note: 13 staff plus specialists/other adults in facility at one time with one adult toilet.

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: 4/16/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Marta Lopez
(Person in Charge)

Print Name: Marta Lopez