

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Alliance for Cmty Empowerment - Inner City Center <sup>children</sup> Date: 4/15/25 Time: 11:45am  
Location Address: 1070 Park Avenue Bridgeport, Ct. 06604 Telephone #: (203) 366-8241  
e-mail address: bperry@alliancect.org License #: 14475 Expiration Date: 12-31-28  
Capacity: 240 # of Children Present: 89 # of Staff Present: 12

**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: Self Reported Incident

Observations/Corrections needed:

S = 19a-79-4a (d)(4)(B) child was not supervised and left alone ~~(12)~~ when for approximately 15 minutes while his class left for a fire drill.

S = 19a-79-3a (d)(4)(B) - Fire emergency plan not implemented when staff did not follow exit plan and did not count the children. <sup>morning</sup> Additionally, the site manager did not do a sweep of the room because she was off that day and administration staff present didn't cover for her.

Program to email staff training and video

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: 4.29.25

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