

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Alliance for Cmty Empowerment - Inner City Children's Center Date: 5/9/25 Time: 11:40 am

Location Address: 1070 Park Avenue Bridgeport, Ct. 06604 Telephone #: (203) 366-8241

e-mail address: bperry@alliancect.org License #: 14425 Expiration Date: 12-31-28

Capacity: 240 # of Children Present: 76 # of Staff Present: 13

**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: Supervision Follow Up

Observations/Corrections needed:

No Violations at this visit

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: N/A

Signature: [Signature]  
(OEC Representative)  
Print Name: Terrri R Roberts  
Signature: [Signature]  
(Person in Charge)  
Print Name: Tamika Grace