

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cora Wright Early Learning Center Date: 7/7/25 Time: 2:50
Location Address: 233 Bennett St. Bridgeport Telephone #: _____
e-mail address: bperry@alliance.ct.org License #: 16496 Expiration Date: 3/31/26
Capacity: 40/40 # of Children Present: 21 # of Staff Present: 7+

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 _____
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Purpose of visit: Investigation 2025-673

Observations/Corrections needed:
Items pending completion of interviews - many staff on vacation.

(P) 19a-79-3a(d) Implement program policies.

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: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Bonita Perry
(Person in Charge)
Print Name: Bonita Perry