

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Alliance For Inty Empowerment - Inner City ^{children's center} Date: 7/18/25 Time: 1:50pm
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: 71 # of Staff Present: 16

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 case 2025-754

Observations/Corrections needed:

S=19a-79-7a(c)(2) Program central air conditioning unit is not working consistently due to a leak in the unit

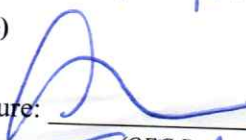
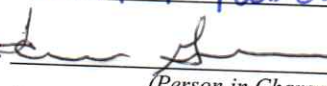
S=19a-79-7a(e) When the temperature exceeded 80 degrees ^{fahrenheit} at the end of ~~(in) fahrenheit~~ in the classrooms, the operator did not increase ventilation.

Observed temporary air conditioning units in classrooms. Some vented to outside through window and 2 units are vented through the ceiling since these rooms have no windows. After a supervisor review, it was determined no regulatory violations occurred as it is temporary, an installed per manufacturers guidelines.

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: 8-1-25

Signature: 
(OEC Representative)
Print Name: Terri K Roberts
Signature: 
(Person in Charge)
Print Name: Tanika Grace