

**SUPPLEMENTAL REPORT OF INSPECTION**

<b>Program Name</b>	CORA WRIGHT EARLY LEARNING CENTER	
<b>Address</b>	233 BENNETT STRIDGEPOR, CT 06605-2965	
<b># Children Present</b>	23	# Under 3 Present
<b>Purpose of Visit</b>	Follow up on Group size and barriers	
<b>Program's Email</b>	bperry@alliancect.org	
<b>Inspector's Name</b>	Catherine Anderson	<b>Inspector's Email</b>
<b>Inspector's Email</b>	catherine.anderson@ct.gov	

**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: NA

**Discussions/Comments/Observations:**

Program is in compliance with barriers and group size at this inspection.  
 Observed a small when I arrived (mostly w/ut small). Director stated she will look into the small.

**NOTE:** Operators/providers are required by statutes and regulations to be in compliance at all times. You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

<b>Signature of OEC Representative</b> <i>Catherine Anderson</i>	<b>(Printed Name)</b> Catherine Anderson
<b>Signature of Person in Charge</b> <i>[Signature]</i>	<b>(Printed Name)</b> MARTHA LOPEZ
<b>DATE</b> CORRECTIONS DUE BY:	NA