

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cora Wright Early Learning Center Date: 7/17/25 Time: 9:45

Location Address: 233 Bennett St. Bridgeport Telephone #: 203 549-8900

e-mail address: bperry@alliancect.org License #: 16496 Expiration Date: 3/31/26

Capacity: 40/40 # of Children Present: 21 # of Staff Present: 11+

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Follow-up to investigation 2025-673

Observations/Corrections needed:

(S) 19a-79-3a(d) Implement program policies - regulation not met when child returned to school with a doctor's note and was not allowed to stay at the program. Child was sent home on the morning of 6/23/25 and attempted to return on 6/24/25 with note stating ok to return on 6/24/25.

Discussed: Appropriate tone and demeanor when speaking with parents as this is not the first complaint regarding tone used with parents.

(S) 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: 8/1/2025

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

Signature: Marta Lopez
(Person in Charge)
Print Name: Marta Lopez