

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Alliance for Cmty Empowerment Date: 8/6/25 Time: 2:00

Location Address: 1070 Park Ave. Bridgeport Telephone #: 203 366-8241

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

Capacity: 240/16 # of Children Present: 74/95 # of Staff Present: 14+

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: Investigation 2025-837 self-report

Observations/Corrections needed:

⑤ 19a-79-4a(d)(4)(A) Supervision - regulation not met when a child was left unattended for up to eight minutes when the child did not follow her class out of the room as they left. Child hid in a cubby on and off for a period of time.

⑤ 19a-79-3a(d) Implement program policies - (operator) regulation not met when staff did not count children, record numbers on transition log or sweep/scan the room upon leaving the classroom or upon arriving to her destination with her class. This led to staff being unaware that she was missing a child.

⑤ 19a-79-10(g)(4) No unapproved sleeping/car seat, swings, etc - regulation not met when baby was put to sleep in a reclining seat and left to sleep for up to an hour and 15 minutes.

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: 8/20/2025

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks
Signature: Tamika Grace
(Person in Charge)
Print Name: Tamika Grace