

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cheyennes Early Lng Date: 12/16/24 Time: 1145
am

Location Address: 4400 Main St. Bridgeport Telephone #: 203 380-2967

e-mail address: Cheycare.jessica@gmail.com License #: 70107 Expiration Date: 3/31/25

Capacity: 130/48 # of Children Present: 59/29 # of Staff Present: 17

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature	<u>N/A</u>

Purpose of visit: Self-report case 2024-1256

Observations/Corrections needed:

⑤ 19a-79-4a(d)(4)(D) - Staffing - Supervision - Staff failed to
supervise a child when he was left unattended outside the
playground gate.

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: 12/20/24

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Jessica Garcia