

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cheyennes Early Lng Date: 3/20/25 Time: 1230

Location Address: 4600 Main St. Bridgeport Telephone #: 203 380 2467

e-mail address: cheycare.jessica@gmail.com License #: 70107 Expiration Date: 3/31/29

Capacity: 133/51 # of Children Present: 17/21 # 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 <u>N/A</u>
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Purpose of visit: Partial for Case 1175

Observations/Corrections needed:

MS 9a-79-4a(c)(4)(D) - (falling - supervision - walk through - violat^{ho}ions at this visit.

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: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Lauren Hill Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Kelly O'Gara