

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cheyenne's Early Learning Center Date: 4/15/25 Time: 8:15 AM

Location Address: 4600 Main St. Bridgeport, CT. 06606 Telephone #: (203) 380-2967

e-mail address: Cheycare@hotmail.com License #: 70107 Expiration Date: 3-31-29

Capacity: 133 # of Children Present: 43 # of Staff Present: 13

**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: Complaint Investigation

Observations/Corrections needed: Program to submit incident video from 4-4-25 @ 10:20am by next business day or sooner

(CFA)
P = 19a-79-5a (a)(3)(B) Parent was not immediately notified of an injury when injury occurred at 10:20am and phone call with voice mail message made at 2:30 pm

NS = 19a-79-3a (b) (7)(A) Insufficient evidence to substantiate staff didn't used developmentally appropriate behavior management techniques

NS = 19a-79-3a (b)(2) Insufficient evidence to substantiate staff didn't meet the needs of a child

NS = 19a-79-4a (d) (3)(A) No evidence to substantiate staff not having personal qualities to care for and work with children

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: TBD

Signature: Terrri K Roberts

(OEC Representative)

Print Name: Terrri K Roberts

Signature: Jessica Garcia

(Person in Charge)

Print Name: Jessica Garcia