

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cheyenne's Early Learning Center   Date: 5/9/25   Time: 9:45am  
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: 68 <sup>(TR)</sup>   # of Staff Present: 14 <sup>(TR)</sup>

**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:

S = 19a-79-3a(d)(6)(B) Program requires a child with special needs or behavioral challenges to have a chaperone provided by family in order to attend a field trip. If not, child would have to stay home that day. Program does not have a policy for this.

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: 5-23-25

Signature: [Signature]  
(OEC Representative)  
Print Name: Terri R Roberts  
Signature: [Signature]  
(Person in Charge)  
Print Name: Jessica Garcia