

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Farmington Date: 9/13/21 Time: 12:30

Location Address: 3 Eastview Drive Telephone #: 860 677-5878

e-mail address: director.farmington@cadence-academy.com License #: 70409 Expiration Date: 5/31/22

Capacity: 122/48 # of Children Present: 65 # of Staff Present: 14

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Follow-up to 8/2/21

Observations/Corrections needed:

4. Behavior management discussed: OK - obtaining 1 more by end of day today.

9. Fire marshal: OK ✓

38. care plans:

(45.) licensed premise: sharp radiator coils accessible in Toddler 3

(76.) cleaners: disinfectants unlocked in preschool cabinet

102. medication authorizations: OK ✓

103. Labeling: OK ✓

104. expired medication: OK ✓

19a-79-4a(c)(4)(D)-supervision- OK ✓

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: 9/27/21

Signature: Erin Wraight

(OEC Representative)

Print Name: Erin Wraight

Signature: Fauzia Mottamrod

(Person in Charge)

Print Name: FAUZIA MOTTAMROD