☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Canton Date: 9/23/21 Time: 1:20

Location Address: 352 Albany Tpke, Canton Telephone #: (860) 693-1693

e-mail address: director.canton@cadence-academy.com License #: 70408 Expiration Date: 4/30/22

Capacity: 86/48 # of Children Present: 64 # of Staff Present: 15

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*** n/a

Purpose of visit: Follow-up to 8/31/21 inspection

Observations/Corrections needed:

No corrections needed. Discussed 2 children who were provided masks during 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: Erin Wraight
(OEC Representative)

Print Name: Erin Wraight

Signature: Rosanna Martin
(Person in Charge)

Print Name: Rosanna Martin