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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Canton Date: 12/16/21 Time: 920

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: 35 # of Staff Present: 11

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: Partial Inspection

Observations/Corrections needed:

19a-79-10(c)(2) - under 3 ratio - OK at this visit

19a-79-10(c)(4) - physical barriers - OK at this visit

19a-79-10(g)(1) - safe sleep - OK at this time.

19a-79-3a - Executive Order - observed a staff member wearing her mask below her nose and mouth - not in accordance with the Governor's Executive Order.

Discuss: change form for new Director

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: 12/30/21

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight

Signature: Elizabeth Whitney
(Person in Charge)
Print Name: Elizabeth Whitney