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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Farmington Date: 2/8/22 Time: 940

Location Address: 3 Eastview Dr, Farmington 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: 42 # of Staff Present: 12

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: Follow-up to 1/27/22

Observations/Corrections needed:

No supervision concerns at this time.

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 Wright
(OEC Representative)
Print Name: Erin Wright

Signature: Victoria Beckett
(Person in Charge)
Print Name: Victoria Beckett