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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Burlington Date: 3/21/22 Time: 3:15

Location Address: 364 Spielman Hwy Telephone #: (860)404-0177

e-mail address: director.burlington@cadence-education.com License #: 70415 Expiration Date: 6/30/22

Capacity: 135/48 # of Children Present: 65 # 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: Supervision Follow-up

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: Kaylee Cerruto
(Person in Charge)
Print Name: Kaylee Cerruto