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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Burlington Date: 7/14/22 Time: 2:45

Location Address: 304 Spielman Hwy Telephone #: (860)404-0177

e-mail address: director.burlington@cadence-education.com License #: 70415 Expiration Date: 6/30/26

Capacity: 135|48 # of Children Present: 88 (43 U3) # of Staff Present: 16

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 Partial

Observations/Corrections needed:

19a-79-4a(c)(4)(D) - supervision - observed 2 children alone in the Preschool 1 bathroom unsupervised. observed child alone in the Preschool 2 bathroom unsupervised

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Erin Wright (OEC Representative) Erin Wright

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/28/2022

Signature: Jessica Taylor (Person in Charge) Jessica Taylor