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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Canton Date: 8/1/22 Time: 1:30

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

e-mail address: director.canton@cadence-academy.com License #: 70408 Expiration Date: 4/30/26

Capacity: 86/48 # of Children Present: 43 (26 VS) # 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 6/9/22

Observations/Corrections needed:

3. Annual staff training: OK✓ documented

16a staff physical: OK✓

19. Head teacher: OK✓

32/33/34. Enrollment: OK✓ not enrolled

38. care plan: OK✓

(45.) Licensed premise: Bathroom light burnt out in Preschool 1, 2 black shelf not secure in Toddler 4

57. Bedding: OK✓

69. Floors: OK✓

89. Playground hazards: OK✓

101. Medication training: OK✓

102. Medication authorization: OK✓ not enrolled

110/111: Ratio/Group size: OK✓ 130. Crib hazards: OK✓

(9) Fire marshal: Fire marshal certificate expired 6/9/22

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 Waight
(OEC Representative) Erin Waight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8/15/2022

Signature: Elizabeth Whitney
(Person in Charge)
Elizabeth Whitney