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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Burlington Date: 8/2/22 Time: 3:05

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: 76 (37 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 follow-up

Observations/Corrections needed:

No supervision concerns at this time.

Discussed: email corrective Action Plan from 7/14/22 visit to erin.wraight@ct.gov

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 Wraight *(OEC Representative)* Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Jessica Taylor *(Person in Charge)* Jessica Taylor