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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Canton Date: 1-10-23 Time: 10

Location Address: 352 Albany Tpke., Canton Telephone #: 860-693-1693

e-mail address: director.canton@cadence-acendy.com License #: 70408 Expiration Date: 11-30-24

Capacity: 111 # of Children Present: 59 # of Staff Present: 17

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: case # 2023-16

Observations/Corrections needed:

S - 19a-79-3a (b)(8)(A) - staff did not manage child behavior using techniques based on developmentally appropriate practice when he hit a child with a broom.

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: _____ Kevin Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1-24-23

Signature: _____
(Person in Charge)
Samantha Mailhoit