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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Burlington Date: 2-7-23 Time: 9

Location Address: 304 Spielman Hwy., Burlington Telephone #: 860-404-0177

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

Capacity: 175 # of Children Present: 81 # 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*** _____

Purpose of visit: Case # 2023-113

Observations/Corrections needed:

NS - 19a-79-3a(d)(4)(A) - medical emergency policy not substantiated

NS - 19a-79-7a (e)(2) - did not observe any health and safety hazard

NS - 19a-79-4a (e)(4)(r) - staff were supervising children at time of ~~visit~~ incident

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: _____

Signature: Kaylee Cerruto
(Person in Charge)

Kaylee Cerruto