

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Hartford Date: 2/3/23 Time: 10:15am

Location Address: 1 State St. Hartford, CT 06103 Telephone #: (860) 549-2422

director.  
e-mail address: hartford@cadence-academy.com License #: 70417 Expiration Date: 6/30/26

Capacity: 82<sup>4355</sup> # of Children Present: 22 # of Staff Present: 8+

**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: Complaint Investigation Case # 2023-82

Observations/Corrections needed:

(S) 19a-79-3a (8)(A) : Administration - Managing child behavior - Staff failed to manage child behavior using techniques based on developmentally appropriate practice when staff placed a child in high chair, due to the child throwing their lunch, and the child remained in the high chair approximately 40 minutes. ~~30 minutes.~~

(NS) 19a-79-3a(d) (8)(E) Administration - Policies, plans and procedures - Communication with parents - Per interviews staff had ongoing communication with parent.

(P) 19a-79-5a(a) (3)(A) : Record Keeping - Accident / Injury reports

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/17/23

Signature: [Signature]  
(OEC Representative)

Print Name: Stephanie Pia

Signature: [Signature]  
(Person in Charge)

Print Name: Josette Walters