

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Farmington Date: 3-23-23 Time: 12:30

Location Address: 3 East View Dr., Farmington Telephone #: 860-677-5878

e-mail address: director.farmington@cadence-academy.com License #: 70409 Expiration Date: 5-31-26

Capacity: 122 # of Children Present: 67 # of Staff Present: 14

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: 3 month follow up for case 2022-872

Observations/Corrections needed:

NS - 19a.79-4a(c)(4)(D) - supervision - observed proper supervision and ratios in all classrooms.
director reported no supervision incidents since last OEC visit. Discussed CAP with director.

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: [Signature] Kerry Eddy
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)
Allison M. Mulla