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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool Date: 11/5/24 Time: 11:00

Location Address: 115 Barlow Mountain Rd. Ridgefield Telephone #: (203) 438-3737

e-mail address: Ridgefield@cadence-academy.com License #: 70281 Expiration Date: 1/31/28

Capacity: 160 # of Children Present: 124 # of Staff Present: 23

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: Partial based on 4/16/24 Full inspection

Observations/Corrections needed:

2- New staff orientation. - In compliance.

21b- Supervision - Bathroom in Compliance.

37- child health records - in compliance

52- Windows Screens in compliance

(69) Stained tiles observed in hallway. not in compliance

(88) Impact material at 60 Hom of Slide not in compliance.

(110) Ratios not in compliance = observed 5:1 and 10:2 ratio with atleast 5 children not yet 2 years of age.

Additional violations!

19a-79-3a(5) Notification of change not submitted for rooms that were observed at a 5:1 and 10:2 ratio

19a-79-10(111) Group Size exceeded 8:1 ratio when it was observed 10:2 ratio with 5 children not yet 2 years of age

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: 11/19/24

Signature: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

Signature: Michelle Mottola (Person in Charge)

Print Name: Michelle Mottola