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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Date: 11/8/24 Time: 9:30

Location Address: 115 Barlow Mountain Rd Telephone #: 203 438-3737

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

Capacity: 160 # of Children Present: 109 # of Staff Present: 21

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: Follow Up (Ratios) from 11/5/24 Partial

Observations/Corrections needed:

Observed classroom 2B with 5:1 and 5:1 Ratio and 2A with 9:1 Ratio. Reviewed all files for children's date of births and all children were 2 years of age and older. Program in compliance.

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: N/A

Signature: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

Signature: Michelle Mottola (Person in Charge)

Print Name: Michelle Mottola