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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Pre-School Date: 12/9/24 Time: 11:30A

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

e-mail address: Ridgefield@cadence-academy.com License #: 7028I Expiration Date: 1/31/25

Capacity: 160 # of Children Present: 139 # of Staff Present: 20

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*** NA

Purpose of visit: 2024-1302

Observations/Corrections needed:

(S) 19a-79-3(a)(a) - Health and Safety - The staff member is not in compliance with ensuring the health and safety of the children. when staff was D/S with a dependency and overuse of a medication by a medical doctor.

(S) 19a-79-4a(d)(3)(A-C) - Personal Qualities Staff is not in compliance having the personal qualites to work and care for children when a week a-go the staff was not found fit to work with children by a medical staff and did not report to the administration. staff continued to work with children.

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: 1/2/25

Signature: _____ *(OEC Representative)*

Print Name: Carlos Albizu

Signature: _____ *(Person in Charge)*

Print Name: Marisa Drpich