



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Program Name:	Cadence Academy Preschool	Date of Inspection:	1/7/25	Time of Arrival:	8:02am
Address:	801 Baldwin Rd #119	License Number:	70753	Expiration Date:	5/3/28
Town:	Orange 06477	Telephone Number:	203-891-0599	Summer Care:	open
Operator:	Cadence Education, LLC	# of Staff Present:	10	# over 3 Present:	16
Email:	director.orange@cadence-academy.com	Total Capacity:	130	Total Under 3 capacity:	56
Designated Director:	Jurany Camacho	Hours/Days of Operation:	6:30am - 6:30pm		

Instruction Codes: N/A = Not applicable at this time    ✓ = Regulation in Compliance    O = Regulation not in Compliance

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a      STAFFING and CONSULTANTS 19a-79-4a cont.

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 4/10/24	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<b>ADMINISTRATION 19a-79-3a</b>			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher--approved-60%
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present--age 18 or older
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 27.	<input checked="" type="checkbox"/> (d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 28.	<input checked="" type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 29.	<input checked="" type="checkbox"/> (d)(6)	Mixed age group--ratios
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(2)(A)	<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 30.	<input checked="" type="checkbox"/> (d)(4)(D)	Nap time ratio
	<input checked="" type="checkbox"/> (d)(2)(B-C)	Discipline policy	<input checked="" type="checkbox"/> 31.	<input checked="" type="checkbox"/> (d)(5)	Supervision--Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 32.	<input checked="" type="checkbox"/> (d)(5)(A)	<b>GROUP SIZE</b>
	<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 33.	<input checked="" type="checkbox"/> (d)(5)(B)	Group Size--Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size--school age field trips/outdoors
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35.	<input checked="" type="checkbox"/> (f)(1)	Mixed age group--group size
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy		<input checked="" type="checkbox"/> (f)(2)	Designated director--training
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies		<input checked="" type="checkbox"/> (a)(2)	CPR certified program staff
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy		<input checked="" type="checkbox"/> (h)(1)(2)	First aid certified program staff
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies		<input checked="" type="checkbox"/> (h)(1)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.		<input checked="" type="checkbox"/> (4)(C)(ii-v)	Documentation
<input checked="" type="checkbox"/> 13.	<input checked="" type="checkbox"/> (f)	<b>ACCESS</b>		<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training
	<input checked="" type="checkbox"/> (h)	Immediate access by parents		<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 14.	(l)	Immediate access by OEC-facility/records		<input checked="" type="checkbox"/> (e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 15.	(m)	2.8 yr olds enrolled in preschool-authorization		<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 16.	(n)	Motor vehicle laws--transportation		<input checked="" type="checkbox"/> (i)	Non-swimmers identified
<input checked="" type="checkbox"/> 17.	(o)	Capacity		<input checked="" type="checkbox"/> (i)(2)(A-H)	CPR certified staff--age 20 or older
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> (e)(1)	Respond to OEC-no false, misleading statements or documents		<input checked="" type="checkbox"/> (F)	Lifeguard--certified--supervising
	<input checked="" type="checkbox"/> (e)(2)	<b>POSTINGS</b>			<b>CONSULTANTS</b>
	<input checked="" type="checkbox"/> (e)(3)	License posted			Consultants--Education, Health, Social Service, Dietitian (N/A)
	<input checked="" type="checkbox"/> (e)(4)	OEC Complaint Procedure posted			Consultant agreements--signed annually
	<input checked="" type="checkbox"/> (e)(5)	Menus posted			Agreements complete w/required services
	<input checked="" type="checkbox"/> (e)(6)	No Smoking posted signs at entrances			Consultant logs--documented activities, observations and required services
		OEC Inspection report posted or available			Consultant visits- Education/Health
		Developmental Milestones posted			

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PROGRAM NAME	Cadence Academy Preschool	LICENSE NUMBER	20753	DATE OF INSPECTION	1/7/25
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**RECORD KEEPING 19a-79-5**

36.	(a)(1)(A-C)	Children's Enrollment information
37.		<b>PARENT PERMISSIONS</b>
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
38.	(a)(2)(A-B)	Child Health Records
39.	(a)(2)(C)	Immunization records
40.	(a)(2)(E)	Individual care plan-signed by parents/staff
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
42.	(a)(3)(B)	Parent notification of illness or injury
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
45.	(a)(4)	Video recordings- keep 30 days

**PHYSICAL PLANT 19a-79-7a cont.**

72.	(d)(2)	Walkways maintained
73.	(d)(3)	Windows protected to prevent falls
74.	(d)(3)	Window screens (Schl age only- N/A)
75.	(d)(4)	Glass and mirrors protected to 36"
76.	(d)(5)	Overhead doors-locking devices, spring protectors <span style="float:right;">(N/A)</span>
77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
78.	(d)(7)	Individual storage of clothing/bedding
79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
80.	(d)(8)	Matches/lighters inaccessible
81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
82.		<b>TOILETING</b>
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
83.		Staff personal articles inaccessible
84.		<b>AIR TEMPERATURE</b>
85.	<input type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only (N/A))
	<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only (N/A))
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60 °F – 120 °F
	(e)(4)	Portable space heaters prohibited
	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	(e)(5)	Rugs- not tripping/slipping hazard
	(e)(6)	Hot water/Steam pipes protected
	(e)(7)	Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
	(e)(7)	Parents provided direct on site phone number
		<b>LIGHTING</b>
	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
	(e)(9)	Schl age only-lighting for comfort
	(e)(9)	Light fixtures shielded/shatter proof
	(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
	(e)(12)	Stairs-protected/good repair-handrails
	(e)(13)	Toxic plants/materials inaccessible
	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	(e)(16)	Prevention of vermin-openings screened
	(e)(17)	Radon test- Results: <u>11/5/19 05</u> N/A
		Results posted-Date: <u>2-7-24</u> (Schls-N/A)
	(e)(18)	Carbon monoxide detector-each level N/A
	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
	(g)(4)	Developmentally app equipment, materials

**HEALTH and SAFETY 19a-79-6a**

46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
47.	(a)(2)	Nutritious meals and snacks
48.	(a)(3)	Proper refrigeration-41 degrees
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
50.	(a)(5)	Food Service Inspection <u>NA</u> (N/A)
51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
52.	(a)(7)	Separate hand washing facilities
53.	(a)(8)	Multi-use eating/drinking utensils
54.	(a)(9)	Kitchen separated (Schl age only N/A)
55.	(a)(10)	Children supervised during meal prep
56.	(a)(11)	Handwashing-staff/children
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
58.	(b)(2)	Designated isolation area
59.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
60.	(c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
61.	(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

**PHYSICAL PLANT 19a-79-7a**

62.	(a)(2)	Fire marshal codes/certificate <u>3/6/24</u>
63.	(b)	Indoor/Outdoor space inspected/approved
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
68.	(c)(4)	Testing of premises/grounds for chemicals
69.		<b>WATER SUPPLY</b> – Public/Well (Schools-N/A)
	<input type="checkbox"/> (c)(5)(A)	Lead Water Test – Date: <u>4/23/24</u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ N/A
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
70.		<b>LEAD PAINT</b> -
	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint – Y(N) Inside/Outside
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y(N) Lead Test: Y(N)
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Results _____
		Lead Management Plan _____
71.	(d)(1)	Emergency vehicle access

95.	(e)(10)	
96.	(e)(11)	
97.	(e)(12)	
98.	(e)(13)	
99.	(e)(14-15)	
100.	(e)(16)	
101.	(e)(17)	
102.	(e)(18)	
103.	(f)(1)(A)	
104.	(g)(1)	
105.	(g)(2)	
106.	(g)(3)	
107.	(g)(4)	

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3**

PROGRAM NAME: Cadence Academy Preschool LICENSE NUMBER: 70753 DATE OF INSPECTION: 1/7/25

**PHYSICAL PLANT 19a-79-7a cont.**

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>
<input checked="" type="checkbox"/>	(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>	(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>	(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>	(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>	(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>	(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>	(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCING</u>
<input checked="" type="checkbox"/>	(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>	(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
<input checked="" type="checkbox"/> 114.		<u>WATER HAZARDS</u>
<input checked="" type="checkbox"/>	(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>	(i)	Wading pools prohibited
<input checked="" type="checkbox"/>	(i)	Hot tubs/spas/saunas-locked/inaccessible

<input checked="" type="checkbox"/> 129.	(f)(1)	<u>LINENS/CLOTHING</u>
<input checked="" type="checkbox"/>	(f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/>	(f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/>	(f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	(f)(4)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> 130.		<u>SAFE SLEEP</u>
<input checked="" type="checkbox"/>	(g)(1)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/>	(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>	(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>	(g)(2)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>	(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/>	(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/>	(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/>	(g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/>	(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>	(g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/>	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>	(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>	(h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/>	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>	(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/>	(j)	<u>FEEDING</u>
<input checked="" type="checkbox"/>	(k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/>	(k)(2)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/>	(k)(3)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/>	(k)(4)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/>	(k)(5)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/>	(l)(1)	Bottles labeled with child's name
<input checked="" type="checkbox"/>	(l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/>	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/> 131.	(h)(1)	
<input checked="" type="checkbox"/> 132.	(h)(1)	
<input checked="" type="checkbox"/> 133.	(h)(2)	
<input checked="" type="checkbox"/> 134.	(h)(2)	
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/> 136.	(j)	
<input checked="" type="checkbox"/>	(k)(1)	
<input checked="" type="checkbox"/>	(k)(2)	
<input checked="" type="checkbox"/>	(k)(3)	
<input checked="" type="checkbox"/>	(k)(4)	
<input checked="" type="checkbox"/>	(k)(5)	
<input checked="" type="checkbox"/>	(l)(1)	
<input checked="" type="checkbox"/>	(l)(2)	
<input checked="" type="checkbox"/>	(l)(3)	

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
<input checked="" type="checkbox"/>	(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
<input checked="" type="checkbox"/>	(b)	Limited access to screen time/video games

**UNDER THREE ENDORSEMENT 19a-79-10 YN**

**SCHOOL AGE ENDORSEMENT 19a-79-11 YN**

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	OPTIONAL furniture/equip-safe/hazard free
<input checked="" type="checkbox"/> 128.		<u>DIAPERING</u>
<input checked="" type="checkbox"/>	(e)(1)	Diaper area: elevated/sturdy/safety rail
<input checked="" type="checkbox"/>	(e)(2)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>	(e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>	(e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>	(e)(5)	Diaper area: disposable paper sheets
<input checked="" type="checkbox"/>	(e)(6)(9)	Covered waste receptacle-removed daily
<input checked="" type="checkbox"/>	(e)(7)	Handwashing-staff/children
<input checked="" type="checkbox"/>	(e)(8)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/>	(e)(10)(A-C)	Cloth diapers-written plan developed

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c)	<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/>	(c)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/>	(c)(1)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>	(c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>	(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	(d)	Ratio- 1:15
<input checked="" type="checkbox"/>	(e)	Group size- max. 30
<input checked="" type="checkbox"/>	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	(g)	Head teacher approved- 60%
<input checked="" type="checkbox"/>	(c)	
<input checked="" type="checkbox"/>	(c)(1)	
<input checked="" type="checkbox"/>	(c)(2)	
<input checked="" type="checkbox"/>	(c)(3)	
<input checked="" type="checkbox"/>	(d)	
<input checked="" type="checkbox"/>	(e)	
<input checked="" type="checkbox"/>	(f)	
<input checked="" type="checkbox"/>	(g)	
<input checked="" type="checkbox"/> 142.		
<input checked="" type="checkbox"/>	(d)	
<input checked="" type="checkbox"/>	(e)	
<input checked="" type="checkbox"/>	(f)	
<input checked="" type="checkbox"/>	(g)	
<input checked="" type="checkbox"/> 143.	(d)	
<input checked="" type="checkbox"/> 144.	(e)	
<input checked="" type="checkbox"/> 145.	(f)	
<input checked="" type="checkbox"/>	(g)	
<input checked="" type="checkbox"/> 146.	(g)	

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4**

PROGRAM NAME: Cadence Academy Preschool LICENSE NUMBER: 70753 DATE OF INSPECTION: 11/7/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N: Y MONITORING OF DIABETES 19a-79-13 Y/N: Y

<input checked="" type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.		<b>STAFF TRAINING</b>
<input checked="" type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input checked="" type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24		<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/> 152.	(b)(5)	Staff awake and available		<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input checked="" type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>		<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)		Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)		Sleeping apparel/toiletries labeled			Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)		Required bedding	<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)		Required toiletries	<input checked="" type="checkbox"/> 175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)		Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 176.	(d)(3)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)		Sleep arrangements for infants			Written authorization from parent
<input checked="" type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 177.	(e)(1)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/> 179.	(e)(3)	

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N: Y ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	- NA	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			<u>N/A</u>

DISCUSSIONS - COMMENTS

159. (a)(2) Admin/Parent permission/report errors  
 (a)(3)(A-B) Labeling and Storage  
 (a)(3)(C) Unused/expired meds destroyed/returned

160. (b)(1)(A/C) Medication training-general-oral/top/inhalant  
 (b)(1)(D) Injectable premeasured autoinjector medication  
 (b)(1)(E) Rectal medication  
 (b)(1)(F) Injectable other than premeasured auto-injector  
 (b)(2)(A-B) Training approval documents/certificates  
 (b)(2)(C) Training outline on file

161. (b)(3)(A-B) Authorized prescriber/parent permission  
 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

163. (b)(4)(A-B) Medication Administration Records (MAR)  
 164. (b)(5)(A-B) Labeling and Storage  
 165. (b)(5)(C) Emergency medication inaccessible  
 166. (b)(5)(D) Unused/Expired meds-destroyed/returned  
 167. (b)(5)(E) Auto-injector/inhalant equipment  
 168. (b)(6) Self-administration documentation  
 169. (b)(7)(A-B) Petition for special medication authorization  
 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage N/A

*All items checked off or circled were observed to be in compliance, not in compliance or discussed.*  
*Discussed new regs*  
 - new duties for ed + health consultants  
 - new logs for ed + health consultants  
 - new health health + safety training for all staff by 4/1/25 all others 3 months upon employment  
 - new policies to reflect new components within regulations  
 - safe sleep policy to be posted in where infants sleep  
 - vents in bathrooms down hall and school age with dust buildup.

SIGNATURE OF OEC STAFF	<u>fil Montanye</u>	SIGNATURE OF PERSON IN CHARGE	<u>Alyssa Senese</u>
PRINTED NAME	<u>fil Montanye</u>	PRINTED NAME	<u>SURAN CAMACHO</u>
			<u>Alyssa Senese</u>

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 1/21/25 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadency Academy Preschool License # 70753 Date: 1/7/25

Observations/Corrections needed:

Discussions continued: - cribs to be moved away from heating units.  
- upon arrival portable heating units observed in hallway + classrooms. called local health who then called fire marshal. Fire Marshal deemed OK to use on extension cord for temp use. (upto 90 days)  
- Per local health has until 3:00 today for part and plan to be made or can not operate until HVAC unit is fixed.

violations \* program not in compliance with:

- ~~#40 - 1 care plan not signed by all staff responsible for child's care.~~ (FM)
- #84 - when air temp to be below 65° (range from 57-64)
- #86 - when water temp to be below 60° in back end classrooms (range <sup>Y 2's</sup> 47.5, <sup>Bathrooms</sup> 47.3 + <sup>older 2's</sup> 49.3)
- #95 - when clorox spray was observed accessible in pre k bathroom on floor of shower stall with gate unlatched
- 111 <sup>(123)</sup> - when brackets on swings on both playgrounds were observed rusted

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]  
(OEC Representative)  
Print Name: Al Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/21/25

Signature: [Signature]  
(Person in Charge)  
Print Name: SURANY CAMACHO  
Ayssa Santiago