

**CHILD CARE CENTER - EARLY CHILDHOOD HOME
INSPECTION FORM**

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

Cadence Academy Preschool 770 Connecticut Ave Norwalk		Date of Inspection: 1-17-25	Time of Arrival: 9:30 am
Cadence Education, LLC Tracy.Cravanzola@cadenceeducation.com Kassandra Velez-Murales		Phone Number: 70776	Time of Departure: 8:31:28
		License Number: 8609607568	License Status: Open
# of Staff Present:	32	# over 3 Present:	42
Total Capacity:	145/88	Total Under 3 capacity:	88
# of Staff Present:	54	Ages Served:	6w-12yrs
Hours/Day of Operation:	M-F 7am-6pm		

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

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 12/3/24

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMplete/IMPLEMENTED**
 - (d)(2)(A) Discipline policy
 - (d)(2)(B)-C) Child Protection policy
 - (d)(3) Closing time policy
 - (d)(4)(A) Medical emergency policy
 - (d)(4)(B) Multi-Hazards policy-annual drill
 - (d)(5) Supervision policy
 - (d)(6) General Operating policies
 - (d)(6)(C) Administrative Oversight policy
 - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
 - (e)(1) License posted
 - (e)(2) OEC Complaint Procedure posted
 - (e)(3) Menus posted
 - (e)(4) No Smoking posted signs at entrances
 - (e)(5) OEC Inspection report posted or available
 - (e)(6) Developmental Milestones posted

STAFFING and CONSULTANTS 19a-79-7a

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group-ratios
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. **GROUP SIZE**
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. **PROFESSIONAL DEVELOPMENT**
 - (a)(2) Documentation
 - (h)(1)(2) Health & Safety training
 - (h)(1)(2) 1% annual hours
- 33. **SWIMMING ACTIVITIES - Y/N**
 - (4)(C)(ii-v) Swimming-Ratios
 - (4)(C)(i) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
- 34. **CONSULTANTS**
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
 - (i) Consultant agreements-signed annually
 - (i)(2)(A-H) Agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health
- 35. (H)(i)-(I)(i)

	Contracts	Logs	Visits
Education	0	0	✓
Health	0	0	✓
Soc. Serv.	0	0	
Dietitian	0	0	

PROGRAM NAME: Cadence Academy Preschool LICENSE NUMBER: 7016 DATE: 1.17.25
 RECORD NUMBER: 12-795 PHYSICAL PLANT 19a-79-7a cont.

36. (a)(1)(A-C) Children's Enrollment information
 37. PARENT PERMISSIONS
 (a)(1)(D)(i) Emergency medical permission
 (a)(1)(D)(ii) Authorized release permission
 (a)(1)(D)(iii) Field trip permission
 (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

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 N/A
 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. TOILETING
 (d)(10)(A) Shared toilets/sinks-supervision plan
 (d)(10)(B) Toileting needs met
 (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
 (d)(10)(C) Required toilets/sinks-1:16
 (d)(10)(D) Required toilets/sinks-1:25 schl age only
 (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 (d)(10)(E) Handwashing staff/children
 (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
 (d)(10)(G) Well lighted/ventilated toilet rooms
 (d)(10)(H) Mechanical ventilation (Grp Homes N/A)
 83. (d)(11) Staff personal articles inaccessible
 84. AIR TEMPERATURE
 (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
 (e)(1) Air temp <65°F comfortable (Schl age only-N/A)
 (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
 (e)(8) LIGHTING
 (e)(9) All areas min. 1 foot candle of lighting
 (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
 (e)(9) Schl age only-lighting for comfort
 (e)(10) 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: 0.1 N/A
 (e)(17) Results posted-Date: 12.16.19 (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 12.13.24 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) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
 60. (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
 61. (d) FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

85. (e)(1)
 86. (e)(3)
 87. (e)(4)
 88. (e)(5)
 89. (e)(5)
 90. (e)(6)
 91. (e)(7)
 92. (e)(7)
 93. (e)(7)
 94. (e)(7)
 95. (e)(8)
 (e)(9)
 (e)(9)
 (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)

PHYSICAL PLANT 19a-79-7a

62. (a)(2) Fire marshal codes/certificate 8/12/19
 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. WATER SUPPLY - Public/Well (Schools-N/A)
 (c)(5)(A) Lead Water Test - Date: 6.28.24
 (c)(5)(B) Bact./Chem Test-Date: N/A
 (c)(5)(C) Drinking water available/accessible
 70. LEAD PAINT -
 (c)(6)(A) Peeling Paint - Y/N Inside/Outside
 (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N
 (c)(6)(B-D) Results
 71. (d)(1) Lead Management Plan
 Emergency vehicle access

95. (e)(8)
 (e)(9)
 (e)(9)
 (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 - GROUP CHILD CARE HOME INSPECTION FORM - page 3

PROGRAM NAME Cadenie Academy Preschool

LICENSE NUMBER 10716

DATE OF INSPECTION 1-17-25

PHYSICAL PLAN 19a-79-9a

UNDER THREE ENDORSEMENT 19a-79-10

<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.		OUTDOOR SPACE
	<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.		OUTDOOR PROTECTED/FENCING
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (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"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
	<input checked="" type="checkbox"/> (i)	WATER HAZARDS
	<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.	<input checked="" type="checkbox"/> (f)(1)	LINENS/CLOTHING
	<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"/> 130.	<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP
	<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input checked="" type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 131.	(h)(1)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> 132.	(h)(1)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> 133.	(h)(2)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 134.	(h)(2)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (j)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	<input checked="" type="checkbox"/> (k)(1)	Health consultant visits/documentation
	<input checked="" type="checkbox"/> (k)(2)	FEEDING
	<input checked="" type="checkbox"/> (k)(3)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	<input checked="" type="checkbox"/> (k)(4)	Written feeding schedule from parent-updated
	<input checked="" type="checkbox"/> (k)(5)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/> 137.	(l)(1)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/> 138.	(l)(2)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/> 139.	(l)(3)	Bottles labeled with child's name
		Outdoor spaced fenced-4 ft lic. after 1/1/25
		Outdoor equipment-developmentally appropriate for ages of the children
		Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-9a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS
	<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.		DIAPERING
	<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.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 4

PROGRAM NAME Cadence Academy Preschool **LICENSE NUMBER** 70776 **DATE OF INSPECTION** 1.17.25

NIGHT CARE ENDORSEMENT 19a-79-11 (19a-79-11a) Y/N Y **MONITORING OF DIABETES 19a-79-13 Y/N** Y


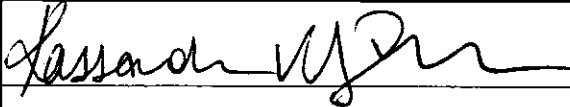
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING
<input type="checkbox"/>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

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

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159. (a)(2)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned		
<input type="checkbox"/> 160. (b)(1)(A/C)	MEDICATION TRAINING		
<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates		
<input type="checkbox"/> 161. (b)(3)(A-B)	Training outline on file		
<input type="checkbox"/> 162. (b)(3)(D)	Authorized prescriber/parent permission		
<input type="checkbox"/> 163. (b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 168. (b)(6)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Self-administration documentation		
<input checked="" type="checkbox"/> 170. (d)	Petition for special medication authorization		
<input checked="" type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage <u>(N/A)</u>		

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Lori Mangano	PRINTED NAME	Kassandra Velez-Morales

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: 1.31.25

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool License # 70774 Date: 1.17.25

Observations/Corrections needed: Regulations not met when...

- (35)(i) - No current consultant agreements on site (send copy)
- (35)(F) NO documentation of completion of all annual reviews by all consultants on file
- (40)(a)(2)(E) - All individual care plans not signed by all staff responsible for child's care and parent did not sign care plan in rooms 3, 5, 9 - 1 child needs care plan for febrile seizure.
- (41)(a)(3)(A) - Reports do not contain "location"
- (62)(a)(2) Fire marshal certificate expired 8/29/24 (send copy)
- (66)(c)(2) - Room 1 has stapler accessible to toddlers and Room 10 has stapler and scissors accessible to children in unlocked drawer.
- (63)(h)(2) - Objects under 1/4" accessible to children in unlocked drawers in rooms 1 and 13
- (34)(h)(2) - Plastic bags accessible in rooms 1 and 13 and balloons in room 13. Drawers do not lock.
- (60)(b)(2)(C) - Training outline not on file.
- (61)(b)(3)(A-B) - Incomplete parent section on forms in room 3 and 9 and 5
- (64)(b)(5)(A-B) - Room 9 no box or label on AUVI-Q

Discussion

- New regulations
- Health Consultant visits need to vary in time and day of week to service all children
- 1 child has incomplete page 2, bottom section of physical documentation of
- 1 child without documentation of Beh. M. Techniques (parent informed)
- 1 child without flu vaccine.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

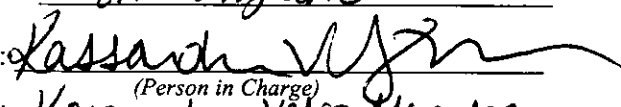
Signature: 

Print Name: Lori Mangano

(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1.31.25

Signature: 

Print Name: Cassandra Velez-Morales

(Person in Charge)

