

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Cadence Academy Preschool Date: 6/6/25 Time: 11AM  
Location Address: 770 Connecticut Ave Norwalk, CT 06854 Telephone #: 860-960-7568  
e-mail address: director.firemillriver@cadenceacademy.com License #: 70776 Expiration Date: 8-31-28  
Capacity: 151 # of Children Present: 101 # of Staff Present: 25

**Consent to Inspect**      I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home**      child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Ratio Follow Up

Observations/Corrections needed:

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No Violations at this visit

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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: [Signature]  
(OEC Representative)  
Print Name: Jeri R Roberts  
Signature: [Signature]  
(Person in Charge)  
Print Name: Kassandra Velez-Morales