

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool of Hartford Date: 7/17/25 Time: 3:10

Location Address: 1 State St. Hartford Telephone #: 860-549-2422

e-mail address: director.hartford@cadence-academy.com License #: 70417 Expiration Date: 6/30/26

Capacity: 82/55 # of Children Present: 27/18 # of Staff Present: 8

<b>Consent to Inspect Family Child Care Home</b>	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 to follow up conducted on 6/24/25

Observations/Corrections needed:  
19a-79-10(g)(1): In compliance at time of visit

19a-79-10(g)(4): In compliance at time of visit

19a-79-10(g)(3): In compliance at time of visit.

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Johanna Dulo  
Signature: [Signature]  
(Person in Charge)  
Print Name: Joseette Walteris