

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool Date: 7/14/25 Time: 9:00am

Location Address: 3 Eastview Drive Telephone #: 860-677-5878

e-mail address: director.farmington@cadence-academy.com License #: 70409 Expiration Date: 5/31/26

Capacity: _____ # of Children Present: 26 # of Staff Present: 7+

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 n/a

Purpose of visit: follow up to 6/25/25 inspection

Observations/Corrections needed:

14 Prek Authorization: ✓OK

21 Background checks: one staff background check not current.

27 ratios: ✓OK

38 child Health records: Two children's physicals expired. one not observed. BMayer

40 care plans: care plan for one child with albuterol not observed.

62 Fire marshal certificate: current fire marshal certificate not observed.

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: Betty Mayer
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/28/25

Signature: Cory Ni
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool License # 70409 Date: 7.14.25

Observations/Corrections needed:

#81 Electrical outlets protected: VOK

#88 walls, ceilings, floors: Floor coving in T5, T4 and T2 observed to be peeling.

#99 Steam pipes protected: VOK

#104 Equipment clean/safe: microwave in infant room observed to be rusty and cracked. refrigerator in T1 needing defrosting.

#118 ratio: VOK

#119 Group size: VOK

#159 Diaper creams: VOK

#160 Injectable training: injectable training for staff expired. Children enrolled with epipens.

#161 Medication authorization: Two medication authorizations expired. one missing parent signature.

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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Greg [Signature]
(Person in Charge)

OEC BY: 7/28/25

Print Name: _____