☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cadence Academy Preschool Date: 8/14/25 Time: 10:30 AM

Location Address: 984 Southford Rd. Middlebury Telephone #: 860 758 9799

e-mail address: director.middlebury@cadence-academy.com License #: 70087 Expiration Date: 12/31/26

Capacity: 87/37 # of Children Present: 38/19 # of Staff Present: 10

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: Complaint Investigation Case 2025-843

Observations/Corrections needed:

(5) 19a-79-4a(h)(1) - Staffing - Training - Three staff on the registry with no documentation of Care 4 Kids 18 hour training within the first 3 month of hire. Three staff not on the registry at all.

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: 8/27/25

Signature: _____ *(OEC Representative)*

Print Name: Lauren Hull

Signature: Lisa Mott *(Person in Charge)*

Print Name: Lisa Mott