

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The First Academy Date: 10-25-21 Time: 12:30

Location Address: 1151 Blue Hills Ave., Bloomfield Telephone #: 860-243-6520

e-mail address: edavis@firstcathedral.org License #: 70269 Expiration Date: 10-31-23

Capacity: 76 # of Children Present: 21 # of Staff Present: 7

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: follow up to 8-31-21 visit

Observations/Corrections needed:

§ 19a.79-5a(4)(2)(E) - observed one care plan not on site for a child with dairy intolerance

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: 11-8-21

Signature: [Signature]
(OEC Representative)
Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)
Print Name: Madeline Graham