

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Creation Academy-Bloomfield Date: 10/8/21 Time: 7:14am

Location Address: 522 Cottage Grove RD Bldg A Telephone #: 860.967-3639  
Bloomfield, CT 06002

e-mail address: PinK.Hollie@gmail.com License #: 70958 Expiration Date: 10/31/22

Capacity: 67/50 # of Children Present: 28 # of Staff Present: 6

**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 \_\_\_\_\_

Purpose of visit: Follow-up - Case/Complaint 2021-893

Observations/Corrections needed:

PIC Hollie Pink - Director

(NS) 19a-79-4a(c)(4)(A) - Staffing - Ratios - Program was in appropriate Staff/child ratio during OEC visit.

(NS) 19a-79-4a(c)(4)(e) Staffing - Mixed age groups - Program was in appropriate ratio for mixed age group during visit.

(NS) 19a-79-10(c)(2) - Under Three Endorsement - Ratio - Program was in appropriate ratios in infant/toddler classroom.

\* Per Director Program has been working w/ Staff retention. 2 Staff were absent today due to non-compliance w/ Safety Covid requirements

\* Discussed Staff personal belongings being accessible to children in classroom.  
(860) 381-7075

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: ole

Signature: Valecia Williams  
(OEC Representative)

Print Name: Valecia Williams

Signature: \_\_\_\_\_  
(Person in Charge)

Print Name: Hollie Pink

2021-817