

2021-843

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Creation Academy - Bloomfield Date: 3/24/22 Time: 7:20am

Location Address: 522 Cottage Grove Rd Bldg A Telephone #: 860-967-3639
Bloomfield, CT 06002

e-mail address: Pink.hollie@gmail.com License #: 70458 Expiration Date: 10/31/22

Capacity: 67/30 # of Children Present: 20 # of Staff Present: 5

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: follow-up - Complaint/investigation

Observations/Corrections needed:

PK, Pink Hollie - Director

(NS) 19a-79-4a(c)(4)(A) - Staffing - Ratio - Program was in appropriate
staff child ratio during visit. Per director/Staff, program has been in
appropriate ratios.

(NS) 19a-79-4a(c)(4)(e) - Staffing - mixed age group - Per director/Staff, program
has been adhering to regulations, pertaining to mixed aged groups

(NS) 19a-79-10(c)(2) Under Three Endorsement - Ratio - Per Staff/Director
program has been in appropriate staff/child ratios

*Discussion - Program, per Director is still struggling w/ Staffing.

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: n/a

Signature: Valeen Wilkerson
(OEC Representative)

Print Name: Valeen Wilkerson

Signature: _____
(Person in Charge)

Print Name: Hollie Pink