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

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Creation Academy Date: 4-18-22 Time: 11:45

Location Address: 522 Cottage Grove Rd BLDG A Telephone #: 860-967-3659

e-mail address: Charlespinkii@ License #: 7045-8 Expiration Date: 10-31-22

Capacity: 67 # of Children Present: 36 # 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*** NA |

Purpose of visit: Follow up for Ratio

Observations/Corrections needed:

Ratio and group size in compliance

**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: NA

Signature: Dianna Wassenhove
*(OEC Representative)*

Print Name: Dianna Wassenhove

Signature: _____
*(Person in Charge)*

Print Name: Hollie Pink