

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Creation Academy Bloomfield Date: 8-1-22 Time: 11:30

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

e-mail address: charlespinkii@gmail.com License #: 70458 Expiration Date: 10-31-21

Capacity: 67 # of Children Present: 30 # 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 for case # 2022-512

Observations/Corrections needed:

P-19a-79-3a(d)(7)(H) - withdrawal and expulsion of children policy

P 19a.79-5a(b) - religious exemptions

All regulations pending investigations

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: _____

Signature: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Charles Pink