

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Creation Academy Bloomfield Date: 7-21-22 Time: 9

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

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

Capacity: 67 # of Children Present: 36 # of Staff Present: 9

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: CASE #2022-512

Observations/Corrections needed:

S-19a.79-10(j) - observed 2 infants not being held for bottle feeding.

NS-19a.79-39(b)(8)(A) - manage child behavior not substantiated due to insufficient evidence

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: 8-4-22

Signature: [Signature]
(OEC Representative)
Print Name: Kevin Eddy
Signature: [Signature]
(Person in Charge)
Print Name: Nineta Cummings