

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Creation Academy Date: 8/10/22 Time: 10:00 AM

Location Address: 522 Cottage Grove Rd A Bluffd. Telephone #: 860 967 3639

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

Capacity: 67/30 # of Children Present: 36 # of Staff Present: 8

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2022-579

Observations/Corrections needed:

NS 19a-79-3a(b)(8)(A) - Administration - Managing child behavior - No evidence to support that staff inappropriately grabbed a child by the arm.

NS 19a-79-3a(d) - Administration - Program policies - Program states that they follow the ill child policy and do not keep sick children at the program.

NS 19a-79-4a(c)(4) ~~(D)~~ - Staffing ratios - Program in ratio at time of visit. Per staff, the program does not operate out of ratio.

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: [Signature]  
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]  
(Person in Charge)

Print Name: Nineka Cummings