

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Creation Academy Date: 9/17/22 Time: 11:10 AM

Location Address: 522 Cottage Grove Rd Bloomfield Telephone #: 500 907 3039

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

Capacity: 17/30 # of Children Present: 24 # 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 case 2022-579

Observations/Corrections needed:

NS 9a-79-10(c)(2) Under Three Endorsement - Ratio - Walk through conducted. No violations at this visit.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)
Lauren Hill

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]
(Person in Charge)
Nineka Cummings