

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other 2nd CO visit

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The First Academy Date: 3-7-23 Time: 12  
Location Address: 1151 Blue Hills Ave, Bloomfield Telephone #: 860-206-1907  
e-mail address: the first academy@gmail.com License #: 70269 Expiration Date: 10-31-23  
Capacity: 76 # of Children Present: 38 # of Staff Present: 7

**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 \_\_\_\_\_

Purpose of visit: 2nd consent order inspection

Observations/Corrections needed:  
NS #8 - completed at 9-16-22 inspection. Discussed all new hires receive training and refresh all staff annually  
NS #9 - observed education consultant visit on 9-27-22 and 1-30-23. Discussed 2 more quarterly visits to be conducted  
NS #10 - observed verification of implementation  
NS #11 - Discussed 2nd training to be completed by 9-1-23 and all new hires receive training  
NS #12 - Discussed 2nd training to be completed by 8-31-23. Discussed all new hires receive training prior to assessing care.

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] Kevin Eddy  
(OEC Representative)  
Signature: [Signature]  
(Person in Charge)  
Elith Howard