

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Creation Academy-Bloomfield Date: 7/27/23 Time: 1:45

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

e-mail address: charlespinkii@gmail.com License #: 70458 Expiration Date: 10/31/26

Capacity: 67/30 # of Children Present: 30 (16v) # of Staff Present: 7

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to inspection conducted on 7/24/23

Observations/Corrections needed:

19a-79-10(c)(2): Ratio: In compliance at time of visit

19a-79-10(g)(3): Observed blanket in a crib (child covered) and a loose fitting sheet
infant

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: 8/10/23

Signature: [Signature]
(OEC Representative)

Print Name: Johanne Dabo

Signature: [Signature]
(Person in Charge)

Print Name: L Thornton