

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Creation Academy-Bloomfield Date: 8/19/23 Time: 1:37

Location Address: 522 Cottage Grove Rd 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 (18) # 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 7/27/23
and under three classroom inspection
School Age converted to under 3

Observations/Corrections needed:
19a-79-10(g)(3): In compliance at time of visit.

Toddler 3
Room → In compliance at time of visit
under three

Per 9/17/18 measurements: (14.9 x 23.4) - (.3 x 3.35) = 348.66 - 1.01 =
347.65 ÷ 35 = 9.9 / OK for 8 children

Preschool 2 room will be removed from capacity
(Room is empty) licensed.

Total Capacity: 58 including 38 under 3

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]
(OEC Representative)

Print Name: Johanne Dalb

Signature: [Signature]
(Person in Charge)

Print Name: L. Thornton