

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The First Academy Date: 7-25-23 Time: 10
Location Address: 1151 Blue Hills Ave, Bloomfield Telephone #: 860-206-1907
e-mail address: the.firstacademy2016@gmail.com License #: 70269 Expiration Date: 10-31-23
Capacity: 76 # of Children Present: 40 # of Staff Present: 10

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: Case # 2023-639

Observations/Corrections needed:

S - 19c.79-5a (a)(3)(A) - did not observe two
illness reports for children that
were sent home with skin rash.
NS - 19c.79-6a (b) - observed procedures in case
of illness being followed
NS - 19c.79-10 (i) - observed health consultant
visit documentation

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: 8-8-23

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