

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The First Academy Date: 9-12-23 Time: 11:30
Location Address: 1151 Blue Hills Ave., Bloomfield Telephone #: 860-206-1907
e-mail address: thefirstacademy2016@gmail.com License #: 70269 Expiration Date: 10-31-23
Capacity: 76 # of Children Present: 27 # of Staff Present: 8

**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: follow up case # 2023-639

Observations/Corrections needed:

5-19c.79-10(i)(2)(A) - health consultant missed weekly visits for 2023 during the weeks of: 1-9, 5-1, 6-5, 7-3 and 9-4.

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: 9-26-23

Signature: _____

(OEC Representative)

Print Name: Kevin Eddy

Signature: _____

(Person in Charge)

Print Name: Blith Howard