

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: New creation Academy Bloomfield Date: 11/21/23 Time: 12  
Location Address: 522 Cottage Grove Rd Bld A Bloomfield Telephone #: 860-967-3639  
e-mail address: Charles.Pinkii@gmail.com License #: 70958 Expiration Date: 10/31/26  
Capacity: 67/33 # of Children Present: 26 # of Staff Present: 9

<b>Consent to Inspect Family Child Care Home</b>	<i>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.</i> <b>Provider/Applicant/Substitute's Signature</b> _____
--	---

Purpose of visit: Consent order - monitoring

**Observations/Corrections needed:**

PIC Charles Pink & Dorothy Pink - owners   LINDA Thornton - Director

(NS) - Condition #8 - OEC Reviewed documentation of monthly file checks for staff and children. also reviewed documentation of oversight of facility

(NS) - Condition #9 - OEC observed a copy of contract for Program's ED consultant as well documentation that operator and consultant have developed and implemented policies

(NS) - Condition #10 - ED consultant + OEC observed on site quarterly visit documentation for ED consultant

(NS) - Condition #11 Health Consultant - Program contracted w/ an approved health consultant. Training was conducted w/in 3 months of consent order going into effect as well as for newly hired employees

S = Substantiated   (NS) = Not Substantiated   P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Valecia Williams  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: L. Thornton  
(Person in Charge)  
L. Thornton

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New Creation Academy Bloomfield License # 70958 Date: 11/21/23

Observations/Corrections needed:

NS Condition #12 - Program has developed written policies; ~~however~~ health consultant has ~~not~~ been making visits to program as required. note during OEC visit, Health consultant spoke w/ Directors about Policy (medication)

NS condition #13 - Both consultants have acknowledged receiving copy of Consent Order

NS Condition #14 - Program received technical assistance and new staff received training as well

NS Condition #15 - in compliance -

NS Condition #16 - Civil penalty paid

\* note: TA - Ensure all documentation (visits, discussions) w/ consultants are documented

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Valecia  
(OEC Representative)

Print Name: Valecia William

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: L. Thornton  
(Person in Charge)

OEC BY: D/A

Print Name: L. Thornton