

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: The First Academy Date: 11-15-21 Time: 10  
Location Address: 1151 Blue Hills Ave., Bloomfield Telephone #: 800-206-1907  
e-mail address: thefirstacademy2016@gmail.com License #: 70269 Expiration Date: 10-31-27  
Capacity: 102 # of Children Present: 22 # of Staff Present: 7

<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. Provider/Applicant/Substitute's Signature</i>
--	---

Purpose of visit: self report case # 2024-1201

Observations/Corrections needed:

P. 19a. 79-3c (a) - ensure the health, safety,  
and development of the children  
pending investigation

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: Kevin Eddy  
Signature: [Signature]  
(Person in Charge)  
Print Name: Erin Howard