

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Path Academy Date: 6/23/25 Time: 10:00am

Location Address: 264 School St Bloomfield Telephone #: 860-202-2819
CT 06002

e-mail address: firstpathacademy25@gmail.com License #: Pending Expiration Date: Pending

Capacity: # of Children Present: # of Staff Present:

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 to inspection conducted 5/12/25 and outdoor area inspection.

Observations/Corrections needed:
→ Program not in compliance with the regulation when...

19a-79-3a: Observed incomplete abuse & neglect, multi-hazards, and administrative oversight policies

19a-79-7a(n)(4): Observed 40+ screws protruding from the fence.

19a-79-7a(a)(4): Observed 1 window not protected to 36"

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: prior to opening

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Jalio
Signature: [Signature]
(Person in Charge)
Print Name: Jessica Salvador

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: First Path Academy License # Pending Date: 6/23/25

Observations/Corrections needed:

Measurements:

Kitchen area: $(15.36 \times 20.41) - (10.49 \times 2.5) =$
Endg + counter

$287.27 \div 35 = 8.2$

OK for 8 under three preschoolers

living room area: $(11.00 \times 16.06) = 176.66 \div 35 = 5$

~~OK for 8~~ OK for 4 under 3 preschool school age

Outdoor area: $(30.3 \times 23.8) = 721.14 \div 75 = 9.62$

OK for 8 under 3
9 preschool - 8A

Total capacity 12
including 12 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.

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Rivato opening

Signature: [Signature]
(Person in Charge)
Print Name: Jessica Sawade