☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: EdAdvance BASES Ann Antolini Date: 12/9/21 Time: 3:10

Location Address: 30 Antolini Rd, New Hartford Telephone #: (203) 482-7349

e-mail address: viscariello@edadvance.org License #: 14058 Expiration Date: 3/31/22

Capacity: 210 # of Children Present: 16 # of Staff Present: 3 (EW)

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*** n19

Purpose of visit: Ratio Follow up

Observations/Corrections needed:

Program within ratio at this visit.

Discussed: supervision once children are signed in to program

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: N/A

Signature: Erin Wraight
(OEC Representative)

Print Name: Erin Wraight

Signature: Kylie Rodgers
(Person in Charge)

Print Name: Kylie Rodgers