

SCHOOL AGE ONLY INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: EdAdvance Bases	License Number: 14454	Date of Inspection: 2/18/22	Time of Arrival: 8:00
Address: 800 Charles St	Expiration Date: 5/31/25	Licensed Capacity: 50	
Town: Norington	Telephone: 860 304 4378	# of children present: 0	# of staff present: 1
Operator: EdAdvance	Director: Sarah Moran		
Email: viscarie@edadvance.org	Head Teacher: Amber Giannini		
Hours of Operation: 3-6:00pm	Summer Care: closed		
Ages Served: 5 to 12 years	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		

Licensure Procedures 19a-79-2a

1. Local Health Inspection Date: _____
- Administration 19a-79-3a**
- 2. New Staff-Employee Orientation
 - 3. Annual Staff Policy Training
 - 4. Documentation of Behavior M. Tech Discussed w/Parents
 - 5. Notification of Change
 - 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
 - 7. Daily Attendance Records: Children/Staff

Items Posted: **Conspicuous/Accessible**

- 8. License
- 9. Current Fire Marshal Certificate Date: 8/23/19
- 10. OEC Complaint Procedure
- 11. Food Service Certificate Date: _____
- 12. Menus
- 13. Emergency Plans
- 14. No Smoking Signs
- 15. Radon Test (Y/N) Date: n/a Results: _____

Staffing 19a-79-4a

- 16. Staff Health Records/TB Tests
- 17. Professional Development
- 18. Disciplinary Actions
- 19. Designated Head Teacher/60%
- 20. Two Staff Present
- 23. Designated Director/Training
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	n/a	n/a

27. Logs/Visits Documented

Swimming: (Y/N)

- 28. Non-Swimmers Identified
- 29. Staff/Child Ratios
- 30. CPR Certified Staff (20 years of age)
- 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

- 32. Enrollment Information
- 33. Emergency Medical Permission
- 34. Authorized Released Permission
- 35. Field Trip Permission
- 36. Transportation Permission
- 37. Child Health Records/Immunizations/TB
- 38. Individual Care Plan (Signed by Parent/Staff)
- 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

- 40. Nutritious Snacks/Meals (Required Food Groups)
- 41. Proper Refrigeration
- 42. Kitchen Separated
- 43. Hand Washing Before Eating/Food Handling
- 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

- 45. License Premise: Clean/Good Repair/Hazard Free
- 48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public/Well
- 49. Lead Water Test (Y/N) Date: n/a
Bacterial/Chemical Test (Y/N) Date: n/a
- 50. Walkways Maintained
- 51. Designated Staff Toilet/Sink
- 53. Windows Protected to Prevent Falls
- 55. Overhead Doors Locking Devices/ Spring Protectors
- 56. Exits/Hallways and Stairs Unobstructed
- 58. Smoking Prohibited
- 59. Matches/Lighters Inaccessible
- 61. Toileting Needs Met
- 62. Required Toilets/Sinks/Supplies
- 64. Hand Washing After Toileting: Staff/Children
- 65. Ventilation in Toilet Room
- 66. Air Temperature Comfortable
- 68. Portable Space Heaters
- 69. Building/Equipment: Sanitary/Hazard Free
- 71. Hot Water/Steam Pipes Protected
- 72. Working Phone on Each Level

Signature of OEC Representative:

Jaime Fortin

Print name: Jaime Fortin

Written Corrective Action Plan

Due to OEC by: 3/4/22

Signature of Person in Charge:

Amber Mancini

Print name: Amber Mancini

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ed Advance Bases License # 14454 Date: 2/18/22

Observations/Corrections needed:

Program currently not operating - Discussed prior to reopening all paperwork must be in compliant.

Discussed BCIS and Care4Kids - will need emergency preparedness policies for manmade disaster and lockdown procedure

- ① Local Health Inspection not current
- ② Fire Marshal Certificate not current
- ④④ First Aid Kit not observed

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: Jaime Fortin
Print Name: Jaime Fortin (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/4/22

Signature: _____
Print Name: _____ (Person in Charge)