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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: EdAdvance BASES Ann Antolini Date: 3/22/22 Time: 305

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

e-mail address: viscariello@edadvance.org License #: 14058 Expiration Date: 3/31/26

Capacity: 210 # of Children Present: 15 # of Staff Present: 2

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*** N/A

Purpose of visit: Ratio Partial

Observations/Corrections needed:

No corrections needed at this time.

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: Sue Serbek
(Person in Charge)

Print Name: Sue Serbek