

☐ INITIAL ☒ UNANNOUNCED ☒ FULL ☒ PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: <u>Ed Advance BASES HAWLEY</u>	License Number: <u>15034</u>	Date of Inspection: <u>3/30/22</u>	Time of Arrival: <u>7:30</u>
Address: <u>29 Church St. Hill Rd</u>	Expiration Date: <u>3/31/24</u>	Licensed Capacity: <u>37</u>	
Town: <u>Newtown, CT 06470</u>	Telephone: <u>203-482-0330</u>	# of children present: <u>12</u>	# of staff present: <u>3</u>
Operator: <u>Ed Advance</u>	Director: <u>Sarah Moran</u>		
Email: <u>viscarionello@edadvance.org</u>	Head Teacher: <u>James Sathika</u>		
Hours of Operation: <u>M-F 7:00-9:00 am + 3:30-6:00 pm</u>	Summer Care: <u>Closed</u>		
Ages Served: <u>5-12 y.o.</u>	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: 2/10/22
9/15/21 (C)

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: 9/15/21
- ☒ 10. OEC Complaint Procedure
- ☒ 11. Food Service Certificate Date: —
- ☒ 12. Menus
- ☒ 13. Emergency Plans
- ☒ 14. No Smoking Signs
- ☒ 15. Radon Test (Y/N) Date: — 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	☒	☒

- ☒ 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: —
Bacterial/Chemical Test (Y/N) Date: —
- ☒ 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:

Written Corrective Action Plan
Due to OEC by: 4/13/22

Signature of Person in Charge:

Print name: Kristi Morgan

Print name: James Sathika

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <u>Ed Advance BASES HAWLEY</u>		License Number: <u>15034</u>	Date of Inspection: <u>3/30/22</u>
Physical Plant continued: ☒ 73. Emergency Numbers Posted ☒ 75. Light Fixtures Shielded/Shatter Proof ☒ 76. Potentially Hazardous Substances Locked ☒ 77. Garbage/Rubbish Disposed Daily ☒ 78. Stairs Protected/Good Repair/Handrails ☒ 79. Pets: Maintained/Care Plan (Y/N) <u>N</u> ☒ 80. Operable CO Detector on Each Level (Y/N) <u>N</u> ☒ 81. Program Space/Adequate Sq. Ft. Per Child ☒ 84. Developmentally Appropriate Equipment/Materials ☒ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <u>N</u> ☒ 86. No Weapons/No Facsimile of a Firearm on Premise Outdoor Space ☒ 87. Outdoor Space Adequate Sq. Ft. Per Child ☒ 88. Impact Absorbing Material under Equipment ☒ 89. Playground Free of Hazards ☒ 92. Equipment Anchored/Safely Arranged ☒ 93. Outdoor Playground Protected ☒ 94. Drinking Water Available/Accessible Educational Requirements 19a-79-8a ☒ 95. Written Plan for Daily Program Available to Parents/Staff ☒ 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up Administration of Medications 19a-79-9a ☒ 97. Written Policies/Procedures ☒ 98. Training Outline on file Nonprescription Topical Medications ☒ 99. Administration/Parent Permission/MAR ☒ 100. Labeling/Storage Oral/Topical/Inhalant/Injectable Medications ☒ 101. Med Trained Staff/Certificates ☒ 102. Authorized Prescriber/Parent Permission/MAR ☒ 103. Labeling/Storage ☒ 104. Unused/Expired Meds Returned/Disposed Self-Administration ☒ 105. Authorized Prescriber/Parent Permission/MAR ☒ 106. Labeling/Storage ☒ 107. Approved Petition For Special Med Authorization Emergency Distribution of Potassium Iodide ☒ 108. KI Pill Parent Permission/Storage		School Age Children Endorsement 19a-79-11 ☒ 143. Approved Endorsement ☒ 144. Activity choices appropriate ☒ 145. Ratio: 1 Staff to 10 Children ☒ 146. Group Size: Max. 20 Children ☒ 147. Education Consultant Appropriate Monitoring of Diabetes 19a-79-13 <u>1 Child - no med.</u> ☒ 154. Written Policies/Procedures ☒ 155. On Site Staff Trained in First Aid/Glucose Testing ☒ 156. Training Current/Documented ☒ 157. Supervision of Self Administration ☒ 158. Equipment/Supplies: Labeled/Inaccessible ☒ 159. Signed Agreement w/Parent Regarding Equipment ☒ 160. Materials Discarded Appropriately ☒ 161. Authorized Prescriber/Parent Permission ☒ 162. Documentation of Test Results/Actions Taken ☒ 163. Daily Written Parent Notifications	
Signature of OEC Representative <u>Krish Morgan</u>		Written Corrective Action Plan Due to OEC by: <u>4/13/22</u>	
Signature of Person in Charge <u>James Sotipka</u>		Print Name: <u>James Sotipka</u>	

Print Name: Krish Morgan

Print Name: James Sotipka

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Edwance BASES HAWLEY License # 15034 Date: 3/30/22Observations/Corrections needed:

- 116 - 1 Staff physical not current.
- 154 - policies/procedures regarding diabetes not observed.
- 156 - training on equipment observed w/ program health consultant but documentation not observed.
- 159 - Agreement with parents regarding equipment not signed by parent.

discussed:

- 1 unlabeled benadryl
- 1 individual care plan not signed by parent.

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: Kimi Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/13/22Signature: [Signature]
(Person in Charge)Print Name: James Setifka