

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

Program Name: <u>Edaadvance Bases - Mitchell</u>	License Number: <u>15622</u>	Date of Inspection: <u>9/12/22</u>	Time of Arrival: <u>3:00</u>
Address: <u>14 School St.</u>	Expiration Date: <u>3/31/25</u>	Licensed Capacity: <u>50</u>	
Town: <u>Woodbury, CT 06798</u>	Telephone: <u>203-263-8087</u>	# of children present: <u>14</u>	# of staff present: <u>2</u>
Operator: <u>Edaadvance</u>	Director: <u>Sarah Moran</u>		
Email: <u>viscaricello@edaadvance.org</u>	Head Teacher: <u>Jan Garre</u>		
Hours of Operation: <u>M-F 3:15-6:00 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: 11/12/21

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/Sta

Items Posted: Conspicuous/Accessible

- ☒ 8. License
☒ 9. Current Fire Marshal Certificate Date: 8/31/22
☒ 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:
☒ 15a. Developmental Milestones

Staffing 19a-79-4a

- ☒ 16. Staff Health Records/TB Tests
☒ 17. Professional Development
☒ 18. Disciplinary Actions
☒ 18b. Background Checks
☒ 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:

Print Name: Kristen Morgan

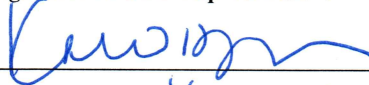
Written Corrective Action Plan
Due to OEC by:

9/27/22

Signature of Person in Charge:

Print Name: Notre Muro

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <u>Ed Advance Bases - Mitchell</u>		License Number: <u>15622</u>	Date of Inspection: <u>9/12/22</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) ☒ 80. Operable CO Detector on Each Level (Y/N) ☒ 81. Program Space/Adequate Sq. Ft. Per Child ☒ 84. Developmentally Appropriate Equipment/Materials ☒ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) ☒ 86. No Weapons/No Facsimile of a Firearm on Premise		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	
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		Monitoring of Diabetes 19a-79-13 <u>no child enrolled</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	
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			
Signature of OEC Representative 		Written Corrective Action Plan Due to OEC by: <u>9/27/22</u>	
Signature of Person in Charge 		Print Name: <u>Nate Morgan</u>	
Print Name: <u>Krimin Morgan</u>			

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ed advance Bases - Mitchell License # 15422 Date: 9/12/22

Observations/Corrections needed:

- 9- Fire marshal certificate not posted.
- 13- Fire, weather + evacuation plans not posted.
- 15a - Developmental milestones not posted.
- 16- physical/TB not observed for 1 staff.
- 19- Designated head teacher not signing in/out - could not determine attendance for 60% of operating hours.
- 37- physical not observed for 1 child.
- 38- Observed 2 individual care plans not signed by staff.
- 44- 1st Aid kit missing first aid manual, thermometer, thermometer covers/Alcohol.
- 45- observed large floor fan unsecured + accessible with cord across the floor posing a hazard = tripping hazard; Observed custodian's closet open/accessible with hazards inside.
- 76- Observed unlocked toxins in tall grey cabinet + in custodian's closet.
- 103- Medications stored in 1st Aid bag on table/accessible.

Discussed:

- Change form not observed for new nurse.

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: Kim Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 9/27/22

Print Name: Nate Harris