

SCHOOL AGE ONLY INSPECTION FORM

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

Program Name: EaAdvance BASES Ann Antolini	License Number: 14058	Date of Inspection: 10/3/22	Time of Arrival: 3:00
Address: 30 Antolini Rd	Expiration Date: 3/31/26	Licensed Capacity: 210	
Town: New Hartford	Telephone: (860) 605-7735	# of children present: 18	# of staff present: 2
Operator: EaAdvance	Director: Sarah Moran		
Email: riscariello@eaadvance.org	Head Teacher: Molly Baldwin		
Hours of Operation: Monday-Friday 3pm-6pm	Summer Care: closed		
Ages Served: 5-12 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: **10/27/21**

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: **8/5/22**
☒ 10. OEC Complaint Procedure
☒ 11. Food Service Certificate Date: **N/A**
☒ 12. Menus
☒ 13. Emergency Plans
☒ 14. No Smoking Signs
☒ 15. Radon Test (Y/N) Date: **N/A** 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	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:

Erin Waight

Print Name: **Erin Waight**

Written Corrective Action Plan

Due to OEC by:

10/17/22

Signature of Person in Charge:

Barbara Holman

Print Name: **Barbara Holman**

SCHOOL AGE ONLY INSPECTION FORM

Program Name: <u>EdAdvance BASES Ann Antolini</u>		License Number: <u>14058</u>	Date of Inspection: <u>10/3/22</u>
<u>Physical Plant continued:</u> ☒ 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 <u>Outdoor Space</u> ☒ 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 <u>Educational Requirements 19a-79-8a</u> ☒ 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 <u>Administration of Medications 19a-79-9a</u> <u>No medications on site</u> ☒ 97. Written Policies/Procedures ☒ 98. Training Outline on file <u>Nonprescription Topical Medications</u> ☒ 99. Administration/Parent Permission/MAR ☒ 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> ☒ 101. Med Trained Staff/Certificates ☒ 102. Authorized Prescriber/Parent Permission/MAR ☒ 103. Labeling/Storage ☒ 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> ☒ 105. Authorized Prescriber/Parent Permission/MAR ☒ 106. Labeling/Storage ☒ 107. Approved Petition For Special Med Authorization <u>Emergency Distribution of Potassium Iodide</u> ☒ 108. KI Pill Parent Permission/Storage		<u>School Age Children Endorsement 19a-79-11</u> ☒ 143. Approved Endorsement ☒ 144. Activity choices appropriate ☒ 145. Ratio: 1 Staff to 10 Children ☒ 146. Group Size: Max. 20 Children ☒ 147. Education Consultant Appropriate <u>Monitoring of Diabetes 19a-79-13</u> <u>No children 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	
Signature of OEC Representative <u>Erin Waight</u>		Written Corrective Action Plan Due to OEC by: <u>10/17/22</u>	Signature of Person in Charge <u>Barbara Holtman</u>
Print Name: <u>Erin Waight</u>		Print Name: <u>Barbara Holtman</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: EdAdvance BASES Ann Antolini License # 14058 Date: 10/3/22

Observations/Corrections needed:

16. observed 1 staff without a physical / TB test on file
27. Nurse consultant logs not observed on file (2 years).
32. Enrollment missing parent work addresses
33. Emergency medical permission not observed for all children

Discussed : ① update 1st Aid manual / missing cold pack ② post new license (expired) ③ Nurse contract missing services

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: Erin Waight
(OEC Representative) Erin Waight

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Barbara Hallock
(Person in Charge)OEC BY: 10/17/22