☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Edadvance Bases Ann Antolini Date: 10/30/23 Time: 3:16pm

Location Address: 30 Antolini Rd New Hartford CT 06057 Telephone #: 860-605-7735

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

Capacity: 210 # of Children Present: 18 # 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*** _____

Purpose of visit: Follow up inspection for background checks

Observations/Corrections needed:

#18b (19a-79-4a(b)) Background Checks: In compliance at time of visit. Staff without BC not in attendance.

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: _____

Signature: _____
(OEC Representative)

Print Name: Johanne Dalo

Signature: Caroline Kearney
(Person in Charge)

Print Name: Caroline Kearney