

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

YWCA Bugbee Kidslink	1/15/25	2pm
1943 Asylum Ave	13325	3/3/26
West Hartford, CT 06117	860525 1163	Closed
YWCA Hartford Region Inc	# of Staff Present: 4	# over 3 Present: 34
www.ywcahartford.org	Total Capacity: 72	Total Under 3 capacity: 0
Tina Gladden		# under 3 Present: 0
		Ages Served: 5-11yrs
		M-F 7-8 <sup>30</sup> am/3-6pm W-1 <sup>30</sup> pm

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

LICENSING PROCEDURES 15-20-21

STAFFING and CONSULTANTS

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 4/22/25	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 27.	<u>RATIOS</u>
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 28.	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11.		<u>POLICIES-COMplete/IMPLEMENTED</u>	<input checked="" type="checkbox"/> 29.	Mixed age group-ratios
<input checked="" type="checkbox"/> 12.	(d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 30. (d)(4)(A)	Nap time ratio
<input checked="" type="checkbox"/> 13.	(d)(2)(B-C)	Child Protection policy	<input checked="" type="checkbox"/> 31. (d)(4)(B)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 14.	(d)(3)	Closing time policy	<input checked="" type="checkbox"/> 32. (d)(6)	<u>GROUP SIZE</u>
<input checked="" type="checkbox"/> 15.	(d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 33.	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34.	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 35. (e)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> (a)(2)	Designated director-training
	(d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> (h)(1)(2)	CPR certified program staff
	(d)(7)	Personnel policies	<input checked="" type="checkbox"/> (h)(1)(2)	First aid certified program staff
	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (4)(C)(ii-v)	<u>PROFESSIONAL DEVELOPMENT</u>
	(f)	<u>ACCESS</u>	<input checked="" type="checkbox"/> (4)(C)(i)	Documentation
	(h)	Immediate access by parents	<input checked="" type="checkbox"/> (e)(6)	Health & Safety training
	(l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
	(m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	<u>SWIMMING ACTIVITIES - Y/N</u>
	(n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i)	Swimming-Ratios
	(o)	Capacity	<input checked="" type="checkbox"/> (i)(2)(A-H)	Non-swimmers identified
	(e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (F)	CPR certified staff-age 20 or older
	(e)(2)	<u>POSTINGS</u>	<input checked="" type="checkbox"/> (i)(2)	Lifeguard-certified-supervising
	(e)(3)	License posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	<u>CONSULTANTS</u>
	(e)(4)	OEC Complaint Procedure posted		Consultants-Education, Health, Social Service, Dietitian (N/A)
	(e)(5)	Menus posted		Consultant agreements-signed annually
	(e)(6)	No Smoking posted signs at entrances		Agreements complete w/required services
	(e)(6)	OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
	(e)(6)	Developmental Milestones posted		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	0	✓	✓
Dietitian	—	—	—

PROGRAM NAME: YWCA Bugbee Kidslink LICENSE NUMBER: 13325 DATE OF INSPECTION: 1/15/25

**RECORD KEEPING 19a-79-7a** | **PHYSICAL PLANT 19a-79-7a**

36. (a)(1)(A-C) Children's Enrollment information  
 37.  (a)(1)(D)(i) PARENT PERMISSIONS  
 (a)(1)(D)(ii) Emergency medical permission  
 (a)(1)(D)(iii) Authorized release permission  
 (a)(1)(D)(iv) Field trip permission  
 38. (a)(2)(A-B) Transportation permission  
 39. (a)(2)(C) Child Health Records  
 40. (a)(2)(E) Immunization records  
 41. (a)(3)(A) Individual care plan-signed by parents/staff  
 42. (a)(3)(B) Injury, Illness, Incident, Accident reports  
 43. (a)(3)(C)(i-ii) Parent notification of illness or injury  
 44. (a)(3)(D) Notify OEC of serious injuries, fatality  
 45. (a)(4) Notify DPH, local health-reportable diseases  
 Video recordings- keep 30 days

72. (d)(2) Walkways maintained  
 73. (d)(3) Windows protected to prevent falls  
 74. (d)(3) Window screens (Schl age only- N/A)  
 75. (d)(4) Glass and mirrors protected to 36"  
 76. (d)(5) Overhead doors-locking devices, spring protectors N/A  
 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed  
 78. (d)(7) Individual storage of clothing/bedding  
 79. (d)(8) Smoking or vaping prohibited on premises/grounds  
 80. (d)(8) Matches/lighters inaccessible  
 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)  
 82. **TOILETING**  
 (d)(10)(A) Shared toilets/sinks-supervision plan  
 (d)(10)(B) Toileting needs met  
 (d)(10)(C) Potty chairs-nonporous, emptied, disinfected  
 (d)(10)(C) Required toilets/sinks-1:16  
 (d)(10)(D) Required toilets/sinks-1:25 schl age only  
 (d)(10)(E) Toileting Supplies-Hand drying-Garbage  
 (d)(10)(E) Handwashing staff/children  
 (d)(10)(F) Toilets/sinks located-at the facility or licensed premises  
 (d)(10)(G) Well lighted/ventilated toilet rooms  
 (d)(10)(H) Mechanical ventilation (Grp Homes N/A)  
 (d)(11) Staff personal articles inaccessible

**HEALTH and SAFETY 19a-79-6a**

46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A  
 47. (a)(2) Nutritious meals and snacks  
 48. (a)(3) Proper refrigeration-41 degrees  
 49. (a)(4) Menus-1 wk in advance- keep 3 mths  
 50. (a)(5) Food Service Inspection N/A  
 51. (a)(6) Kitchen-clean, safe storage of food/supplies  
 52. (a)(7) Separate hand washing facilities  
 53. (a)(8) Multi-use eating/drinking utensils  
 54. (a)(9) Kitchen separated (Schl age only N/A)  
 55. (a)(10) Children supervised during meal prep  
 56. (a)(11) Handwashing-staff/children  
 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms  
 58. (b)(2) Designated isolation area  
 59.  (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips  
 60.  (c) **FIRST AID SUPPLIES**-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier  
 61.  (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

83. (e)(1)  
 84. (e)(1)  
 85. (e)(1)  
 86. (e)(2)  
 87. (e)(3)  
 88. (e)(4)  
 89. (e)(5)  
 90. (e)(5)  
 91. (e)(6)  
 92. (e)(7)  
 93. (e)(7)  
 94. (e)(7)  
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 (e)(11)  
 97. (e)(12)  
 98. (e)(13)  
 99. (e)(14-15)  
 100. (e)(16)  
 101. (e)(17)  
 102. (e)(18)  
 103. (f)(1)(A)  
 104. (g)(1)  
 105. (g)(2)  
 106. (g)(3)  
 107. (g)(4)

**PHYSICAL PLANT 19a-79-7a**

62. (a)(2) Fire marshal codes/certificate 9/25/24  
 63. (b) Indoor/Outdoor space inspected/approved  
 64. (b)(1)-(5) Construction/expansion/renovation/conversion  
 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission  
 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established  
 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)  
 68. (c)(4) Testing of premises/grounds for chemicals  
 69. (c)(5)(A) **WATER SUPPLY** - Public/Well (Schools-N/A)  
 (c)(5)(B) Lead Water Test - Date: \_\_\_\_\_ (N/A)  
 (c)(5)(C) Bact./Chem Test-Date: \_\_\_\_\_ (N/A)  
 70. (c)(6)(A) Drinking water available/accessible  
 (c)(6)(A) **LEAD PAINT** - Peeling Paint - Y(N) Inside/Outside  
 (c)(6)(B-D) Building Pre-78: Y/N Lead Test: Y/N  
 Results \_\_\_\_\_  
 Lead Management Plan \_\_\_\_\_  
 71. (d)(1) Emergency vehicle access

(e)(10)  
 (e)(11)  
 (e)(12)  
 (e)(13)  
 (e)(14-15)  
 (e)(16)  
 (e)(17)  
 (e)(18)  
 (f)(1)(A)  
 (g)(1)  
 (g)(2)  
 (g)(3)  
 (g)(4)

**CHILD CARE CENTER OR GROUP CHILD CARE HOME INSPECTION**

PROGRAM NAME: YWCA Bugee Picklink LICENSE NUMBER: 13325 DATE: 1/15/25

**PHYSICAL PLANT 19a-79-8a** **UNDER THREE ENDORSEMENT 19a-79-10**

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>
<input checked="" type="checkbox"/>	(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>	(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>	(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>	(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>	(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>	(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>	(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.		<b>OUTDOOR PROTECTED/FENCING</b>
<input checked="" type="checkbox"/>	(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>	(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> 114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
<input checked="" type="checkbox"/>		<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>	(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
<input checked="" type="checkbox"/>	(i)	Wading pools prohibited
<input checked="" type="checkbox"/>	(i)	Hot tubs/spas/saunas-locked/inaccessible N/A

<input type="checkbox"/> 129.	(f)(1)
<input type="checkbox"/>	(f)(2)
<input type="checkbox"/>	(f)(3)
<input type="checkbox"/>	(f)(4)
<input type="checkbox"/> 130.	(g)(1)
<input type="checkbox"/>	(g)(1)
<input type="checkbox"/>	(g)(1)
<input type="checkbox"/>	(g)(2)
<input type="checkbox"/>	(g)(3)
<input type="checkbox"/>	(g)(4)
<input type="checkbox"/>	(g)(5)
<input type="checkbox"/>	(g)(6)
<input type="checkbox"/>	(g)(7)
<input type="checkbox"/>	(g)(8)
<input type="checkbox"/> 131.	(h)(1)
<input type="checkbox"/> 132.	(h)(1)
<input type="checkbox"/> 133.	(h)(2)
<input type="checkbox"/> 134.	(h)(2)
<input type="checkbox"/>	(i)(1)(2A-C)
<input type="checkbox"/> 135.	(j)
<input type="checkbox"/> 136.	(k)(1)
<input type="checkbox"/>	(k)(2)
<input type="checkbox"/>	(k)(3)
<input type="checkbox"/>	(k)(4)
<input type="checkbox"/>	(k)(5)
<input type="checkbox"/> 137.	(l)(1)
<input type="checkbox"/> 138.	(l)(2)
<input type="checkbox"/> 139.	(l)(3)

<b>LINENS/CLOTHING</b>
Linens/emergency clothing available
Linens washed weekly or as needed
Linens/clothing stored individually
Cribs/cots cleaned-linens changed when shared
<b>SAFE SLEEP</b>
Under 12 mths placed on back for sleeping
Crib-slug fitting mattress/tightly fitted sheet
Alternate sleep position/equipment-medical documentation for medical reason on file
Infants allowed to adopt other sleep positions
No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
No unapproved sleeping-car seats/swings/beds, etc.
No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
Observe/assess infants at least every 15 minutes
Teething necklaces/bracelets, jewelry inaccessible
Safe sleep policies posted/parents informed
Infant toys-separate/washed/sanitized daily
Toddler toys-washed/sanitized weekly
No toys/objects less than 1 1/4" diameter
Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
Health consultant visits/documentation
<b>FEEDING</b>
Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
Written feeding schedule from parent-updated
Unused formula/milk discarded after feedings
Clean bottles/disposable bottles/appvd washing
Baby food served from dish or whole jar
Bottles labeled with child's name
Outdoor spaced fenced-4 ft lic. after 1/1/25
Outdoor equipment-developmentally appropriate for ages of the children
Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
<input checked="" type="checkbox"/>	(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
<input checked="" type="checkbox"/>	(b)	Limited access to screen time/video games

**UNDER THREE ENDORSEMENT 19a-79-10 (N)** **SCHOOL AGE ENDORSEMENT 19a-79-11 (N)**

<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/> 128.		<b>DIAPERING</b>
<input type="checkbox"/>	(e)(1)	Diaper area: elevated/sturdy/safety rail
<input type="checkbox"/>	(e)(2)	Diaper area: used only for this purpose, located in the program area
<input type="checkbox"/>	(e)(3)	Diaper area: non-porous surface/good repair
<input type="checkbox"/>	(e)(4)	Diaper area: washed/disinfected after use
<input type="checkbox"/>	(e)(5)	Diaper area: disposable paper sheets
<input type="checkbox"/>	(e)(6)(9)	Covered waste receptacle-removed daily
<input type="checkbox"/>	(e)(7)	Handwashing-staff/children
<input type="checkbox"/>	(e)(8)	Diapering-Handwashing policies-posted/followed
<input type="checkbox"/>	(e)(10)(A-C)	Cloth diapers-written plan developed

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
<input checked="" type="checkbox"/> 142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/>	(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>	(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	(e)	Ratio- 1:15
<input checked="" type="checkbox"/>	(f)	Group size- max. 30
<input checked="" type="checkbox"/>	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>		Head teacher approved- 60%
<input checked="" type="checkbox"/> 143.		
<input checked="" type="checkbox"/> 144.		
<input checked="" type="checkbox"/> 145.		
<input checked="" type="checkbox"/> 146.		

YWCA Beavercreek KidsLink

13325

1/15/25

NIGHT CARE ENDORSEMENT

MONITORING OF DIABETES

- 147. (b)
- 148. (b)(1)
- 149. (b)(2)
- 150. (b)(3)
- 151. (b)(4)
- 152. (b)(5)
- 153. (b)(6)
- (b)(6)(A)
- (b)(6)(B)
- (b)(6)(C)
- (b)(6)(D)
- (b)(7)
- 154. (b)(8)
- 155. (b)(9)
- 156. (b)(10)

- 171. (a)(1)
- 172. (b)(1)(A)
- (b)(1)(B) (i)-(iii)
- (b)(2)
- (b)(3)
- (c)(2)
- 173. (c)(3)
- 174. (d)(1)
- 175. (d)(2)
- 176. (d)(3)
- 177. (e)(1)
- 178. (e)(2)
- 179. (e)(3)

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

ADDITIONAL VIOLATION

- 157. (9a)
- 158. (9a)
- 159. (a)(2)
- (a)(3)(A-B)
- (a)(3)(C)
- 160. (b)(1)(A/C)
- (b)(1)(D)
- (b)(1)(E)
- (b)(1)(F)
- (b)(2)(A-B)
- (b)(2)(C)
- 161. (b)(3)(A-B)
- 162. (b)(3)(D)
- 163. (b)(4)(A-B)
- 164. (b)(5)(A-B)
- 165. (b)(5)(C)
- 166. (b)(5)(D)
- 167. (b)(5)(E)
- 168. (b)(6)
- 169. (b)(7)(A-B)
- 170. (d)

- 180. - Consent Order/Negotiated Corrective Action Plan conditions

DISCUSSIONS - COMMENTS

- Discussed all items on check for new regulations.  
 - Education consultant visit 1x  
 - Health & safety training for all staff  
 - water stains/stains in cafe

SIGNATURE OF OEC STAFF: *Ma Keller*  
 PRINTED NAME: K Kellerman

SIGNATURE OF PERSON IN CHARGE: *Madeline Santiago*  
 PRINTED NAME: Madeline Santiago

DEC DIVISION OF LICENSING  
 150 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Written Corrective Action Plan Due by: 1/29/25  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-disputed-violations.pdf>  
 November

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YWCA Budget Kicklink License # 13325 Date: 1/15/25

Observations/Corrections needed:

- Regulations not in compliance when observed
- #1 11 (a)(2)(A), (d)(4)(B), (d)(6)(C) - policies not updated with new regulations
- #3 5 (i)(2) - agreements for consultants not updated with new regulations
- #40 - 2 care plans not available for 2 children with Asthma
- #160 (b)(2)(c) medication training outline not available

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: *Ma Keller*  
(OEC Representative) *F KETTERMAN*

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *Madeline Santiago*  
(Person in Charge) *MS*

OEC BY: 1/29/25