

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	W Haven Com House children + Youth	Date of Inspection:	4/10/25	Time of Arrival:	2:10pm
Address:	227 Elm St. Services-upper wing	License Number:	70721	Expiration Date:	8/31/27
Town:	West Haven 06516	Telephone Number:	203-934-5221	Summer Care:	Closed
Operator:	West Haven Community House Association Inc	# of Staff Present:	3	# children Present:	18
Email:	CherylSweet@whcommunityhouse.org	Ages Served:	5yrs-12yrs	Total Capacity:	32
Designated Director:	Cheryl Sweet	Days of Operation:	7:00am-9:00pm	Hours of Operation:	7:00-9:00am 2:00-6:00pm

Instruction Codes:  = Regulation in Compliance     = Regulation not in Compliance    N/A = Not applicable at this time

**LICENSURE PROCEDURES 19a-79-2a**

1. (c)(8) Local Health Inspection-Date: 8/8/23

**ADMINISTRATION 19a-79-3a**

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<b>POLICIES-COMplete/IMPLEMENTED</b>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	<b>ACCESS</b>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<b>POSTINGS</b>
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight Policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 7a(e)(17)	Radon test posted (Schls-N/A)

**STAFFING and CONSULTANTS 19a-79-4a**

<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance -with bknd cks/history
<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29. (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 30. (e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31. (f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> (a)(2)	Documentation
<input checked="" type="checkbox"/> (h)(1)	Health & Safety training
<input checked="" type="checkbox"/> (h)(2)	1% annual hours
<input checked="" type="checkbox"/> 34.	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 35.	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> (i) -	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> (i)(2)(A-H)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (F)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> (i)(2)	
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PROGRAM NAME W. Haven Comm. House Children + Youth Services - upper lang LICENSE NUMBER 70721 DATE OF INSPECTION 4/10/25

**RECORD KEEPING 19a-79-5a**

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

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

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

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

<input checked="" type="checkbox"/>	62. (a)(2)	Fire marshal codes/certificate <u>7/11/24</u>
<input checked="" type="checkbox"/>	63. (b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/>	64. (b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/>	65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/>	67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<input checked="" type="checkbox"/>	68. (c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69. (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>	(c)(5)(B)	Lead Water Test - Date: _____
<input checked="" type="checkbox"/>	(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/>	70. (c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>	(c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>NA</u> Lead Management Plan <u>NA</u>
<input checked="" type="checkbox"/>	(c)(6)(B-D)	Peeling Paint - <u>Y/N</u> Inside/Outside
<input checked="" type="checkbox"/>	71. (c)(6)(B-D)	Emergency vehicle access
<input checked="" type="checkbox"/>	72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	76. (d)(5)	Overhead doors-locks/spring protectors (N/A)
<input checked="" type="checkbox"/>	77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed

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

<input checked="" type="checkbox"/>	79. (d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	82. (d)(10)(A)	<b>TOILETING</b> Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	(d)(10)(D)	Required toilets/sinks-1:25
<input checked="" type="checkbox"/>	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	(d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	(d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/>	83. (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84. (e)(1)	<b>AIR TEMPERATURE</b> Air temp <65°F comfortable
<input checked="" type="checkbox"/>	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	94. (e)(7)	<b>TELEPHONE/NUMBERS</b> Working phone on each level
<input checked="" type="checkbox"/>	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	95. (e)(8)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	(e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>	(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	96. (e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	96. (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97. (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98. (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99. (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	101. (e)(17)	Radon test- Results: <u>.6</u> (Schls-N/A)
<input checked="" type="checkbox"/>	102. (e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103. (f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104. (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	107. (g)(4)	Developmentally app equipment, materials
<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. (h)(1)	<b>OUTDOOR SPACE</b> 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. (h)(7)	<b>OUTDOOR PROTECTED/FENCED</b> Playground protected from traffic, water, gullies or other hazards
<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"/>	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114. (i)	<b>WATER HAZARDS</b> Pools, swimming areas-conforms to DPH (N/A)
<input checked="" type="checkbox"/>	(i)	Wading pools prohibited
<input checked="" type="checkbox"/>	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	Comm House w. Haverly children + youth services - upper Lang	LICENSE NUMBER	70721	DATE OF INSPECTION	4/10/25
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SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13	Y/N	N
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<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) (c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

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

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		<b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors
<input checked="" type="checkbox"/> 160.	<input checked="" type="checkbox"/> (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 161.	<input checked="" type="checkbox"/> (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F)	<b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/> 162.	<input checked="" type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates Training outline on file
<input checked="" type="checkbox"/> 163.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 164.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 165.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 166.	(b)(5)(C)	Labeling and Storage
<input checked="" type="checkbox"/> 167.	(b)(5)(D)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 168.	(b)(5)(E)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 169.	(b)(6)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 170.	(b)(7)(A-B) (d)	Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

<b>ADDITIONAL VIOLATION</b>		
<input checked="" type="checkbox"/> 180.	NA	Consent Order/Negotiated Corrective Action Plan conditions (N/A)

**DISCUSSIONS/COMMENTS**

1) New regulations

2) All staff must complete health + safety training by 4/11/25. All new hires must complete within 3 months of hire.

3) Policy review checklist provided. Program must complete and update policies to reflect new regulations term dated October 2024

4) compliant procedure on website to be posted

5) Administrative oversight policy to be posted

Signature of OEC staff	Fil Montanye
Printed Name	Fil Montanye

Signature of person in charge	Cheryl Swett
Printed Name	Cheryl Swett

OEC DIVISION OF LICENSING  
450 Columbus Blvd, Suite 302, Hartford, CT 06103  
Help Desk: (800)282-6063 or (860)500-4450  
Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: W Haven Comm House children + Youth Services - upper Lang License # 70721 Date: 4/10/25

Observations/Corrections needed:

Programs <sup>(P)</sup> not in compliance with:

#35 consultant agreements when agreements on site for health and social service consultants did not have new required services per the new regulations dated October 2024

#69 lead water test when 2 sinks from ~~(P)~~ drinking and food prep sinks were not completed.

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: Cheryl Swett

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 4/24/25

Print Name: Fil Montanye