

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

Stark Club	4/28/25	9:00AM
558 Cromwell Ave	12706	5/31/29
Rocky Hill, CT 06867	Number: 8605639096	Care: open
Stark Club INC	# of Staff Present: 7	# over 3 Present: 18
Starkclubs@gmail.com	Total Capacity: 156	Total Under 3 capacity: 59
Jennifer Ryan		# under 3 Present: 515
		Ages Served: 6w-16w
		M-F 630AM-6PM

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

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

STARK CLUB

12706

4/28/20

PHYSICAL PLANT 19a-79-7a

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

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(d)(1) Emergency vehicle access
 (d)(2) Walkways maintained
 (d)(3) Windows protected to prevent falls
 (d)(3) Window screens
 (d)(4) Glass/mirrors protected- 36"
 (d)(5) Overhead doors-locking devices, spring protectors (N/A)
 (d)(6), (f)(3) Exits, stairs, hallways unobstructed
 (d)(7) Individual storage of clothing and bedding
SMOKING
 (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 (d)(8) Matches/lighters inaccessible
 (d)(9) Electrical safety - outlets inaccessible - covered or protected

LTH and SAFETY 19a-79-6a

(a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
 (a)(2) Nutritious meals and snacks
 (a)(3) Proper refrigeration-41 degrees
 (a)(4) Menus-1 wk in advance- keep 3 mths
 (a)(5) Food Service Inspection (N/A)
 (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)
 (a)(7) Separate hand washing facilities
 (a)(8) Multi-use eating/drinking utensils (N/A)
 (a)(9) Kitchen separated
 (a)(10) Children supervised during meal prep
 (a)(11) Handwashing-staff/children
 (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
 (b)(2) Designated isolation area
 (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
 (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
 (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

(d)(10)(A)
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TOILETING
 Shared toilets/sinks-supervision plan
 Toileting needs met
 Potty chairs-nonporous, emptied, disinfected
 Required toilets/sinks-1:16
 Toileting Supplies-Hand drying-Garbage
 Handwashing staff/children
 Toilets/sinks located at the facility
 Well lighted/ventilated toilet rooms
 Mechanical ventilation (after 1/1/94) (Grp Homes)
 Staff personal articles inaccessible
AIR TEMPERATURE
 Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
 Air temp > 80 °F - ↑ fluids/ventilation
 Water temperature 60°F-120°F
 Portable space heaters prohibited
WALLS/CEILINGS/FLOORS/RUGS
 Walls/ceilings/floors/rugs-clean/good re
 Rugs- not a tripping/slipping hazard
 Hot water/Steam pipes protected
TELEPHONE/TELEPHONE NUMBER
 Working phone on each level
 Emergency numbers posted-adjacent to phone
 Parents provided direct on site phone
LIGHTING
 All areas min. 1 foot candle of lighting
 Adequate lighting-30/50 candle feet-sufficient lighting to be visible
 Enough lighting for comfort
 Light fixtures shielded/shatter proof
 Potentially hazardous substances, materials labeled, inaccessible
 Garbage/rubbish-disposed of daily, containers in good repair
 Stairs-protected/good repair-handrails
 Toxic plants/materials inaccessible
 Pets or other animals-in good health. care plan including access to children
 Measures to prevent vermin
 Radon test- Results: 2/6/05
 Carbon monoxide detector-each level
 Program space-adequate-35 sq. ft
 Equipment-clean and safe, good repair
 non-toxic-sturdy, free from protruding nails, free from rust
 Adequate equipment for rest-cleaning (Grp Homes only-mats/sleeping bags)
 Air conditioners/water heaters/furnaces inaccessible
 Developmentally appropriate equipment

PHYSICAL PLANT 19a-79-7a

62. (a)(2) Fire marshal codes/certificate
 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
 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
 68. (c)(4) Testing of premises/grounds for chemicals (N/A)
 69. (c)(5)(A) **WATER SUPPLY** - Public/Well (Schools-N/A)
 (c)(5)(B) Lead Water Test - Date: 9/21/23 (N/A)
 (c)(5)(C) Bact./Chem Test-Date: _____
 70. (c)(6)(A) Drinking water available/accessible
 (c)(6)(A) **LEAD PAINT** - Building Pre-78: Y/N Lead Test: Y/N
 (c)(6)(B-D) Results _____
 Lead Management Plan _____
 Peeling Paint - Y/N Inside/Outside

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 (g)(3)
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CHILD CARE CENTER - GROUP CHILD CARE HOME INSPECTION FORM

NAME Stark Club	LICENSE NUMBER 12706	INSPECTION 4/28/2
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SICAL PLANT 19a-79-7a cont. **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.		
(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around			<input checked="" type="checkbox"/> (e)(2)
(j)	No weapons/no facsimile of a firearm			<input checked="" type="checkbox"/> (e)(3)
<input checked="" type="checkbox"/> (h)(1)	OUTDOOR SPACE Adequate space- 75 sq. ft. per child			<input checked="" type="checkbox"/> (e)(4)
<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"			<input checked="" type="checkbox"/> (e)(5)
<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards			<input checked="" type="checkbox"/> (e)(6-9)
<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected			<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried			<input checked="" type="checkbox"/> (e)(8)
<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request	<input checked="" type="checkbox"/> 129.		<input checked="" type="checkbox"/> (e)(10)(A-C)
<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible			<input checked="" type="checkbox"/> (f)(1)
<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/> 130.		<input checked="" type="checkbox"/> (f)(2)
	OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards			<input checked="" type="checkbox"/> (f)(3)
<input checked="" type="checkbox"/> (h)(7)	Fences installed to protect from hazards-4 ft			<input checked="" type="checkbox"/> (f)(4)
<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks			<input checked="" type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> (h)(7)(B)	Rooftop play areas-6 ft. wall/barrier (N/A)			<input checked="" type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> (h)(7)(C)	WATER HAZARDS Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)			<input checked="" type="checkbox"/> (g)(2)
	Wading pools prohibited (N/A)			<input checked="" type="checkbox"/> (g)(3)
	Hot tubs/spas/saunas-locked/inaccessible (N/A)			<input checked="" type="checkbox"/> (g)(4)
				<input checked="" type="checkbox"/> (g)(5)
				<input checked="" type="checkbox"/> (g)(6)
				<input checked="" type="checkbox"/> (g)(7)
				<input checked="" type="checkbox"/> (g)(8)

EDUCATIONAL REQUIREMENTS 19a-79-11

115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	131.	
		EDUCATIONAL REQUIREMENTS 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, moderate and vigorous physical activity that takes place outdoors		<input checked="" type="checkbox"/> (h)(1)
		Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes		<input checked="" type="checkbox"/> (h)(1)
				<input checked="" type="checkbox"/> (h)(2)
				<input checked="" type="checkbox"/> (h)(2)
				<input checked="" type="checkbox"/> (i)(1)(2A-C)
				<input checked="" type="checkbox"/> (j)
				<input checked="" type="checkbox"/> (k)(1)
				<input checked="" type="checkbox"/> (k)(2)
				<input checked="" type="checkbox"/> (k)(3)
				<input checked="" type="checkbox"/> (k)(4)
				<input checked="" type="checkbox"/> (k)(5)
				(l)(1)
				(l)(2)
				(l)(3)

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

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 140.	
<input checked="" type="checkbox"/> 118.	(c)(2)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)	<input checked="" type="checkbox"/> 141.	(b)
<input checked="" type="checkbox"/> 119.	(c)(3)	Physical barriers separating each group of children- indoors/outdoors		<input checked="" type="checkbox"/> (c)
<input checked="" type="checkbox"/> 120.	(c)(4)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		<input checked="" type="checkbox"/> (c)(1)
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Cribs/Pack-n-Plays -in compliance w/CPSC		<input checked="" type="checkbox"/> (c)(2)
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Washable cots		<input checked="" type="checkbox"/> (c)(3)
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Chairs for feeding-stable base-safety straps-locking tray		
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Dev. appropriate tables/chairs/equipment		
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Refrigerator and food prep facilities		
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Optional furniture/equip-safe/hazard free		
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	DIAPERING	<input checked="" type="checkbox"/> 143.	(d)
<input checked="" type="checkbox"/> 128.	(e)(1)	Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 144.	(e)
				Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-fl available to staff/parents Activities not a duplication of Activities include cognitive, pl emotional needs of the child Program includes free time, s creative/physical/small gro activities, homework time, Ratio- 1:15 Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

Center Name: Star Club License Number: 12706 Inspection Date: 4/28/25

MONITORING OF DIABETES 19a-79-13

(f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent 171. (a)(1) Written policies and procedures

(g) Designated Head teacher approved- 60% 172. (b)(1)(A) **STAFF TRAINING**
 (b)(1)(B) Staff training – first aid
 (i)-(iii) Staff training – use/storage/maintenance of monitoring equipment, reading test result appropriate actions

APPROVED NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

(b) Approved Night Care Endorsement 173. (a)(1) Written policies and procedures

(b)(1) Person in charge-head teacher 174. (d)(1) Staff training – first aid

(b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities 175. (d)(2) Staff training – use/storage/maintenance of monitoring equipment, reading test result appropriate actions

(b)(3) Written plan for supervision including cot placement and evacuation 176. (d)(3) Training updated at least every 3 years

(b)(4) Children in care no more than 12 hrs. in 24 hours 177. (e)(1) Written documentation of training

(b)(5) Staff awake and available 178. (e)(2) Trained staff on site when child is present

SLEEP PROVISIONS 179. (e)(3) Self-administration - written authorization and under supervision of trained staff

(b)(6) Individual cot/crib with bedding (b)(2) Equipment provided by parents

(b)(6)(A) Sleeping apparel/toiletries labeled (b)(3) Equipment labeled and inaccessible

(b)(6)(B) Required bedding (c)(2) Signed agreement with parent regarding equipment, supplies, materials to be discarded

(b)(6)(C) Required toiletries (c)(3) Authorized prescriber written order

(b)(6)(D) Bedding/sleeping apparel laundered weekly (e)(1) Written authorization from parent

(b)(6)(E) Sleep arrangements for infants (e)(2) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

(b)(6)(F) Air temp 65 °F at 3 ft (e)(3)

(b)(8) Fire marshal approval-hours specified

(b)(9) Local health approval

ADMINISTRATION OF MEDICATION 19a-79-9a

(9a) Written medication policies/procedures 180. **ADDITIONAL VIOLATION**

(9a) Permit enrollment of children with asthma, allergies, diabetes Consent Order/Negotiated Corrective Plan conditions

NONPRESC. TOPICAL MEDICATION

(a)(2) Admin/Parent permission/report errors

(a)(3)(A-B) Labeling and Storage

(a)(3)(C) Unused/expired meds destroyed/returned

MEDICATION TRAINING

(b)(1)(A-C) Medication training-general-oral/top/inhalant

(b)(1)(D) Injectible premeasured autoinjector medication

(b)(1)(E) Rectal medication

(b)(1)(F) Injectible other than premeasured auto-injector

(b)(2)(A-B) Training approval documents/certificates

(b)(2)(C) Training outline on file

(b)(3)(A-B) Authorized prescriber/parent permission

(b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

(b)(4)(A-B) Medication Administration Records (MAR)

(b)(5)(A-B) Labeling and Storage

(b)(5)(C) Emergency medication inaccessible

(b)(5)(D) Unused/Expired meds-destroyed/returned

(b)(5)(E) Auto-injector/inhalant equipment

(b)(6) Self-administration documentation

(b)(7)(A-B) Petition for special medication authorization

(d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

DISCUSSIONS/COMMENTS

- update policies/procedures per regulations

- 1 wall thermometer in bathroom

- Menus updated + 2 food groups

- staff articles inaccessible

NOTE: Only regulations marked as compliant or non-compliant were discussed during the visit.

Signature of OEC staff: Sha Miller
 Printed Name: Sha Miller

Signature: Aminda Hammons
 Printed Name: Aminda Hammons

Written Corrective Action Plan Due by: 5/12/25

CAP: <https://www.ctoec.org/documents/corrective-action-resolving-disputed-violations>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stark Club License # 12706 Date: 4/28/25

Observations/Corrections needed:

Regulations Not compliant when observed:

- #33- 1 staff not have 1 yr annual professional development
- #66- Dusty vents in B+A, 3s, hallway, 2 kids baths and staff bathroom. water stains in Pre-K basement
- #84- Air temps observed at between 60° - 64° in B+A, Infant 1, Toddler 2, Infant 3 & Pre-K
- #95- Bleach/water bottles not labeled with dilutions
- #159- No diaper cream authorizations from parents in rooms Infant 3 and Infant 1 (6 altogether)

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: 5/12/25

Signature: [Signature]
 (OEC Representative)
 Print Name: Kellerman

Signature: [Signature]
 (Person in Charge)
 Print Name: Amanda Hammer