

**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

Agency Name:	Handover Before/After School Program	Date of Inspection:	5/8/25	Time of Arrival:	3:09 pm
Address:	208 Main St	License Number:	15091	Expiration Date:	5/31/26
City:	Merriden, CT 06451	Telephone Number:	475-775-4902	Summer Hours:	Closed
Operator:	Women and Families Center	Number of Staff:	3	Number of Children:	19
Email:	cmirzejewski@womenfamilies.org	Age Group:	5 YR OLD - 11 YR OLD	Total Capacity:	40
Inspector:	Christina Mirzejewski	Days of Operation:	M-F	Hours of Operation:	6:45-8:45 3:20-5:30

Compliance:  Full Compliance  Partial Compliance  Non-Compliance

**LICENSURE PROCEDURES (15-2)**      **STAFFING and CONSULTANTS (15-4)**

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

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	<b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission 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

<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.	<input checked="" type="checkbox"/> (c)  <input checked="" type="checkbox"/> (c)  <input checked="" type="checkbox"/> (d)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <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 <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate
<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.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> Building Pre-7: Y/N Lead Test: Y/N Results <u>Lead identified</u> Lead Management Plan <u>every 6 months</u>
<input checked="" type="checkbox"/> 71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/> 72.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/> 73.	(d)(3)	Walkways maintained
<input checked="" type="checkbox"/> 76.	(d)(5)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A) Exits, stairs, hallways unobstructed

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(D) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H)	<b>TOILETING</b> Shared toilets/sinks-supervision plan Toileting needs met Required toilets/sinks-1:25 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 N/A) Staff personal articles inaccessible
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2)	<b>AIR TEMPERATURE</b> Air temp < 65°F comfortable Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 84.	(e)(4) (e)(6)	Portable space heaters prohibited Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 91.	(e)(10)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 94.	(e)(11)	Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 95.	(e)(12)	Radon test- Results: _____ (Schls-N/A)
<input checked="" type="checkbox"/> 96.	(e)(13)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 97.	(e)(14-15)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 98.	(e)(17)	Equipment-clean and safe, good repair, non- toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 99.	(e)(18)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 101.	(f)(1)(A)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 102.	(g)(1)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 103.	(g)(4)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 104.	(g)(5)	<b>OUTDOOR SPACE</b> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/> 107.	(g)(6)	Playground free from hazards Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/> 108.	(j)	Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety- equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 109.	<input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(3) <input checked="" type="checkbox"/> (h)(4) <input checked="" type="checkbox"/> (h)(5) <input checked="" type="checkbox"/> (h)(6) <input checked="" type="checkbox"/> (h)(8) <input checked="" type="checkbox"/> (h)(9)	<b>OUTDOOR PROTECTED/FENCED</b> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> 110.	<input checked="" type="checkbox"/> (h)(7) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C)	Roofplay areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/> 111.	<input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	<b>WATER HAZARDS</b> Pools, swimming areas-conforms to DPH (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessibl (N/A)

PROGRAM NAME: **Handover Before/After School Program** LICENSE NUMBER: **15091** DATE OF INSPECTION: **5/8/25**

**SCHOOL AGE ENDORSEMENT 19: 7-11**

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

**MONITORING OF DIABETES 19: 7-11**

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

**ADMINISTRATION OF MEDICATIONS 19: 7-9**

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

**ADDITIONAL VIOLATION**

- 180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

**DISCUSSIONS/COMMENTS**

"Policy review check list provided during inspection highlighting changes to the child care center regulations effective October 16, 2024. Program must ensure policies are updated to reflect new requirements"

Signature of OEC staff: *[Signature]*  
 Printed Name: **Johanne Jalo**

Signature of person in charge: **Alison Mejias**  
*[Signature]*

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 Email: oec.licensing@ct.gov

Inspection staff be posted or available for review upon request  
 Written Corrective Action Plan Due by: **5/22/25**  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hanover Before/After School Program License # 15091 Date: 5/8/24

Observations/Corrections needed:

→ Regulation was not in compliance when...

#33 (h)(1): Observed 2 staff without health and safety training

#35 (F): No annual review of policies by Education and Social Service consultant.

#38 (a)(2)(A-B): Observed 1 child without health records and immunization records

#161 (b)(3)(A-B): Observed 1 child without an authorized prescriber's form for his medication

Discussion:

→ Health consultant agreement missing 1 required service

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: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: AKM  
(Person in Charge)  
Print Name: Alison Mejias

OEC BY: 5/22/25