

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

Bright Beginnings HQ	5/12/25	10 ⁰⁵ am
110 High St	70053	6/30/26
Enfield, CT 06082	8607410002	OPEN
Tetra Corp	# of Staff Present: 12	# over 3 Present: 28
Melissa tetra@yahoo.com	Total: 84	Total Under 3 capacity: 39
Mary LaRusso		# under 3 Present: 21
		Ages Served: LOW-

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

(c)(8)	Local Health Inspection-Date: 6/15/22	<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 checked="" 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 checked="" 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) - <input checked="" type="checkbox"/> (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 ck Adequate staffing Designated head teacher-approved- 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/ Mixed age group-group size Designated director-training CPR certified program staff First aid certified program staff PROFESSIONAL DEVELOPMI Documentation of prof. dev/train Health & Safety training 1% annual hours SWIMMING ACTIVITIES - Y Swimming-Ratios Non-swimmers identified CPR certified staff-age 20 or ol Lifeguard-certified-supervisin CONSULTANTS Consultants-Education, Health Service, Dietitian Consultant agreements-signed agreements complete w/rec Consultant logs-documented observations and required Consultant visits- Education/ <table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Soc. Serv.</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Dietitian</td> <td>✓</td> <td>✓</td> </tr> </tbody> </table>		Contracts	Logs	Education	✓	✓	Health	✓	✓	Soc. Serv.	✓	✓	Dietitian	✓	✓
	Contracts	Logs																	
Education	✓	✓																	
Health	✓	✓																	
Soc. Serv.	✓	✓																	
Dietitian	✓	✓																	
(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) 12. (d)(1) 13. <input checked="" type="checkbox"/> (f) <input checked="" type="checkbox"/> (h) 14. (l) 15. (m) 16. (n) 17. (o) 18. <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"/> 7a(e)(17) <input checked="" type="checkbox"/> 10(l)(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-COMplete/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)																		

Bright Beginnings HQ

70653

5/12/21

- (I)(A-C)
- (a)(1)(D)(i)
- (a)(1)(D)(ii)
- (a)(1)(D)(iii)
- (a)(1)(D)(iv)
- (2)(A-B)
- (2)(C)
- (2)(E)
- (3)(A)
- (3)(B)
- (3)(C)(i-ii)
- (3)(D)
- (4)

Children's Enrollment information
PARENT PERMISSIONS
 Emergency medical permission
 Authorized release permission
 Field trip permission
 Transportation permission
 Child Health Records
 Immunization records
 Individual care plan-signed by parents/staff
 Injury, Illness, Incident, Accident reports
 Parent notification of illness or injury
 Notify OEC of serious injuries, fatality
 Notify DPH, local health-reportable diseases
 Video recordings- keep 30 days

- 71.
- 72.
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- 81.
- 82.

Emergency vehicle access
 Walkways maintained
 Windows protected to prevent falls
 Window screens
 Glass/mirrors protected- 36"
 Overhead doors-locking devices, spring protectors
 Exits, stairs, hallways unobstructed
 Individual storage of clothing and bedding
SMOKING
 Smoking, vaping or other electronic nicot device prohibited on premises/ground
 Matches/lighters inaccessible
 Electrical safety - outlets inaccessible - covered or protected

FOOD SAFETY 19a-70-6a

- a)(1)
- a)(2)
- a)(3)
- a)(4)
- a)(5)
- a)(6)
- a)(7)
- a)(8)
- a)(9)
- a)(10)
- a)(11)
- (b)(1)
- (b)(2)
- (c)
- (c)
- (d)

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

- (d)(10)(A)
- (d)(10)(B)
- (d)(10)(C)
- (d)(10)(C)
- (d)(10)(E)
- (d)(10)(E)
- (d)(10)(F)
- (d)(10)(G)
- (d)(10)(H)
- (d)(11)
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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 Home)
 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
 Rugs- not a tripping/slipping hazard
 Hot water/Steam pipes protected
TELEPHONE/TELEPHONE NUMBER
 Working phone on each level
 Emergency numbers posted-adjacent to
 Parents provided direct on site phone
LIGHTING
 All areas min. 1 foot candle of light
 Adequate lighting-30/50 candle feet
 sufficient lighting to be visible
 Enough lighting for comfort
 Light fixtures shielded/shatter proof
 Potentially hazardous substances, r labeled, inaccessible
 Garbage/rubbish-disposed of daily
 Containers in good repair
 Stairs-protected/good repair-hand
 Toxic plants/materials inaccessible
 Pets or other animals-in good health
 care plan including access to c
 Measures to prevent vermin
 Radon test- Results: e
 Carbon monoxide detector-each
 Program space-adequate-35 sq.
 Equipment-clean and safe, good
 non-toxic-sturdy, free from pi
 nails, free from rust
 Adequate equipment for rest-cl
 (Grp Homes only-mats/sleeping bags)
 Air conditioners/water heaters
 inaccessible
 Developmentally app equipme

LEAD PAINT 19a-70-7a

- 2. (a)(2)
- 3. (b)
- 4. (b)(1)-(5)
- 5. (b)(6)
- 66. (c)(2)
- 67. (c)(3)
- 68. (c)(4)
- 69. (c)(5)(A)
 (c)(5)(B)
 (c)(5)(C)
- 70. (c)(6)(A)
 (c)(6)(B-D)

Fire marshal codes/certificate 5/1/24
 Indoor/Outdoor space inspected/approved
 Construction/expansion/renovation/conversion
 Space not inspected/approved but used for field trips-written parent permission
 Licensed premises-clean, good repair, hazard free, maintenance program
 Building/Equipment/Furnishings-sanitary, hazard free (N/A)
 Testing of premises/grounds for chemicals
WATER SUPPLY - Public/Well (Schools-N/A)
 Lead Water Test - Date: 3/3/25
 Bact./Chem Test-Date: (N/A)
 Drinking water available/accessible
LEAD PAINT -
 Building Pre-78: Y/N Lead Test: Y/N
 Results _____
 Lead Management Plan _____
 Peeling Paint - Y/N Inside/Outside

- 95.
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(e)(10)
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 (f)(1)(A)
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 (g)(3)
 (g)(4)

CHILD CARE CENTER AND GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Bright Beginnings HQ	LICENSE NUMBER	16653	DATE OF INSPECTION	5/12/25
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PHYSICAL PLANT 19a-79-7a **UNDER THREE ENDORSEMENT 19a-79-10**

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

- 128. (e)(2)
 (e)(3)
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 (e)(8)
 (e)(10)(A-C)
- 129. (f)(1)
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 (f)(3)
 (f)(4)
- 130. (g)(1)
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 (g)(7)
 (g)(8)
- 131. (h)(1)
 (h)(1)
 (h)(2)
 (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
 (k)(1)
 (k)(2)
 (k)(3)
 (k)(4)
 (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

DIAPERING cont.
 Diaper area: used only for this purpose, located in the program area
 Diaper area: non-porous surface/good repair
 Diaper area: washed/disinfected after use
 Diaper area: disposable paper sheets
 Covered waste receptacle-removed daily
 Handwashing-staff/children
 Diapering-Handwashing policies-posted/followed
 Cloth diapers-written plan developed

LINENS/CLOTHING
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
 Under 12 mths placed on back for sleeping
 Crib-snug 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 - parents informed

TOYS AND OTHER OBJECTS
 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

FEEDING
 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

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 116. (a) **EDUCATIONAL REQUIREMENTS**
 (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, moderate and vigorous physical activity that takes place outdoors
 (b) Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

- 131. (h)(1)
 (h)(1)
 (h)(2)
 (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
 (k)(1)
 (k)(2)
 (k)(3)
 (k)(4)
 (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

UNDER THREE ENDORSEMENT 19a-79-10

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
- 120. (c)(4) Physical barriers separating each group of children- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs/Pack-n-Plays -in compliance w/CPSC
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. **DIAPERING**
 (e)(1) Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11

- 140. (b)
 - 141. (c)
 (c)(1)
 (c)(2)
 (c)(3)
 - 143. (d)
 - 144. (e)
- Approved Schl Age Endorsement SCHEDULE - ACTIVITIES**
 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
 Ratio- 1:15
 Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

NAME: Smart Beginnings Ho NUMBER: 70053 DATE OF INSPECTION: 5/12/2

AGE ENDORSEMENT 19a-79-11 Y/N MONITORING OF DIABETES 19a-79-11 Y/N

f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 g) Designated Head teacher approved- 60%

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

Written policies and procedures
STAFF TRAINING
 Staff training - first aid
 Staff training - use/storage/maintenance monitoring equipment, reading test res 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 distributed
 Authorized prescriber written order
 Written authorization from parent
 Testing results and actions taken - documented and kept on file, ensure parents are notified daily

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

(b) Approved Night Care Endorsement
 (b)(1) Person in charge-head teacher
 (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
 (b)(3) Written plan for supervision including cot placement and evacuation
 (b)(4) Children in care no more than 12 hrs. in 24
 (b)(5) Staff awake and available
SLEEP PROVISIONS
 (b)(6) Individual cot/crib with bedding
 (b)(6)(A) Sleeping apparel/toiletries labeled
 (b)(6)(B) Required bedding
 (b)(6)(C) Required toiletries
 (b)(6)(D) Bedding/sleeping apparel laundered weekly
 (b)(7) Sleep arrangements for infants
 (b)(8) Air temp 65 °F at 3 ft
 (b)(9) Fire marshal approval-hours specified
 (b)(10) Local health approval

ADDITIONAL VIOLATION

180. - Consent Order/Negotiated Correct Plan conditions

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

57. (9a) Written medication policies/procedures
 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
NONPRESC. TOPICAL MEDICATION
 159. Admin/Parent permission/report errors
 (a)(2) Labeling and Storage
 (a)(3)(A-B) Unused/expired meds destroyed/returned
 (a)(3)(C)
MEDICATION TRAINING
 160. Medication training-general-oral/top/inhalant
 (b)(1)(A/C) Injectable premeasured autoinjector medication
 (b)(1)(D) Rectal medication
 (b)(1)(E) Injectable other than premeasured auto-injector
 (b)(1)(F) Training approval documents/certificates
 (b)(2)(A-B) Training outline on file
 (b)(2)(C) Authorized prescriber/parent permission
 161. (b)(3)(A-B) Medication errors- documentation, parent(s) and OEC notification
 162. (b)(3)(D) Medication Administration Records (MAR)
 163. (b)(4)(A-B) Labeling and Storage
 164. (b)(5)(A-B) Emergency medication inaccessible
 165. (b)(5)(C) Unused/Expired meds-destroyed/returned
 166. (b)(5)(D) Auto-injector/inhalant equipment
 167. (b)(5)(E) Self-administration documentation
 168. (b)(6) Petition for special medication authorization
 169. (b)(7)(A-B) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)
 170. (d)

DISCUSSIONS/COMMENTS
 -update policies per new
 dusty vent in preschool

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

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

Signature: Shelby Margumak
 Printed Name: Shelby Margumak

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Beginnings HO License # 870653 Date: 5/12/25

Observations/Corrections needed:

#1 - Local Health inspection not up to date. send copy

#18 - Administrative Oversight not posted safe sleep policy, new regulations not posted

#22 - fire Marshal not up to date / not observed. send copy

#66 - water stains in hallway and STB

#166 - 1 Expired Asthma Medication April 2025

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 Kellen
(OEC Representative) Kellenman

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/26/25

Signature: Shelby Marguardt
(Person in Charge) Shelby Marguardt