

**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:	sterling House @ Erin's Gym	Date of Inspection:	5/13/25	Time of Arrival:	3:54pm
Address:	2283 Main St.	License Number:	70651	Expiration Date:	6/30/25
Town:	Stratford 06615	Telephone Number:	203-378-2606	Summer Care:	closed
Operator:	sterling House Community Center Inc	# of Staff Present:	3	# children Present:	17
Email:	esullivan@sterlinghouse.org	Ages Served:	5yrs - 12yrs	Total Capacity:	50
Designated Director:	Erica Sullivan	Days of Operation:	M-F	Hours of Operation:	3:30-6:00pm

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: <u>4/24/24</u>	<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"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance -with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<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"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input type="checkbox"/> 29. (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy	<input type="checkbox"/> 30. (e)(1)	Designated director-training
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input type="checkbox"/> 31. (f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input type="checkbox"/> 33. (a)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input type="checkbox"/> (h)(1)	Documentation
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> (h)(2)	Health & Safety training
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	1% annual hours
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (4)(C)(i)	SWIMMING ACTIVITIES - <u>Y/N</u>
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (e)(6)	Swimming-Ratios
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr. ACCESS	<input checked="" type="checkbox"/> (e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input type="checkbox"/> 35. (i)(1)(A)-(D)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input type="checkbox"/> (i) -	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input type="checkbox"/> (i)(2)(A-H)	CONSULTANTS
<input checked="" type="checkbox"/> 16. (n) Capacity	<input type="checkbox"/> (F)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input type="checkbox"/> (i)(2)	Consultant agreements signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 18. (3a)(e)(1) License posted	<input type="checkbox"/> (H)(i)-(I)(i)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (3a)(e)(2) OEC Complaint Procedure posted		Consultant visits- Education/Health
<input checked="" type="checkbox"/> (3a)(d)(6)(C) Administrative Oversight Policy		Contracts Logs Visits
<input checked="" type="checkbox"/> (3a)(e)(3) Menus posted		Education <u>8/24/23</u> <u>6/9/23</u>
<input checked="" type="checkbox"/> (3a)(e)(4) No Smoking posted signs at entrances		Health <u>9/11/23</u> <u>6/15/24</u> <u>3/24/24</u>
<input checked="" type="checkbox"/> (3a)(e)(5) OEC Inspection report posted or available		Soc. Serv. <u>8/21/23</u> <u>1/14/22</u>
<input checked="" type="checkbox"/> 7a(e)(17) Radon test posted (Schls-N/A)		Dietitian

CHILD CARE CENTER/GROUP CHILD CARE HOME SCHOOL AGE ONLY INSPECTION FORM – page 2

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
sterling house @ Erin's Gym	70657	5/13/25
RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) 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	<input checked="" type="checkbox"/> 79. (d)(8) <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> 82. (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) <input checked="" type="checkbox"/> 83. (d)(11) <input checked="" type="checkbox"/> 84. (e)(1) <input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(4) <input checked="" type="checkbox"/> 90. (e)(6) <input checked="" type="checkbox"/> 91. (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> 94. (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> 95. (e)(10) <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 107. (g)(4) <input checked="" type="checkbox"/> 108. (g)(5) <input checked="" type="checkbox"/> 109. (g)(6) <input checked="" type="checkbox"/> 110. (j) <input checked="" type="checkbox"/> 111. (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) <input checked="" type="checkbox"/> 112. (h)(7) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C) <input checked="" type="checkbox"/> 114. (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible TOILETING 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 AIR TEMPERATURE Air temp < 65°F comfortable Air temp > 80 °F - ↑ fluids/ventilation Portable space heaters prohibited Hot water/Steam pipes protected TELEPHONE/NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting 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, written care plan including access to children Radon test- Results: <u>2.1</u> (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Developmentally app equipment, materials Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm OUTDOOR SPACE Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous OUTDOOR PROTECTED/FENCED 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 Rooftop play areas-6 ft. wall/barrier (N/A) WATER HAZARDS Pools, swimming areas-conforms to DPH (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)
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) FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> (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 <input checked="" type="checkbox"/> (d) FIRST AID SUPPLIES -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>6/15/23</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) WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test - Date: <u>3/11/22</u> <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: <u>0</u> (N/A) <input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible <input checked="" type="checkbox"/> LEAD PAINT - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____ Lead Management Plan _____ <input checked="" type="checkbox"/> 71. (c)(6)(B-D) Peeling Paint - <u>Y/N</u> 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		

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

PROGRAM NAME	Sterling House @ Erin's Gym	LICENSE NUMBER	70657	DATE OF INSPECTION	5/13/25
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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 SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule- available to staff/parents
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (c)(3)	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
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A)	STAFF TRAINING
	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid
	(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a (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.		NONPRESC. TOPICAL MEDICATION
	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned
<input type="checkbox"/> 160.		MEDICATION TRAINING
	<input type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
	<input type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file
<input type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber parent permission
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage

ADDITIONAL VIOLATION		
<input checked="" type="checkbox"/> 180.	- NO	Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

1) New Regs
 2) Policies must be updated to reflect new regulations dated 10/2024
 3) outdoor located at main facility
 4) 1 portable sink not operable
 program not enrolled ~~for PM~~ over 25 at this time.
 5) over sight policy needs to be posted
 6) new complaint procedure on website needs to be posted.
 7) volunteers /documentation on site for orientation

Signature of OEC staff	Kil Montanye
Printed Name	Kil Montanye

Signature of person in charge	
Printed Name	

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 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/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sterling House @ Erin's Gym License # 20651 Date: 5/13/25Observations/Corrections needed: Program not in compliance with:

- #21 comprehensive background checks when 1 volunteer age 16 not on BCIS roster/without background check working with children.
- #30 designated director-training when per director has not yet taken course.
- #31 CPR + #32 First Aid certified staff when at arrival no staff on licensed premise with First Aid + CPR training
- #33 (h)(1) Health + Safety training when all staff have no evidence of taking health + safety training
- #35 (i)(i)(2)(A-H) Consultant agreements when all required consultants are not current and need new required duties per regulations dated 10/2024
- #40 individual care plans not signed by all staff responsible for children's care ~~to~~ in and 1 care plan not on site
- #49 menu's when menu posted was 5/9/25 not 1 week in advance.
- #62 Fire Marshal Certificate when Fire Marshal ^{is} expired on site
- #69 lead WTR test when water test expired 3/11/24
- #160 (b)(1)(A/C) - Medication training/general/oral/topical when upon arrival no staff on site with training - child attend (b)(1)(D) - Injectable (premeasured) when upon arrival no staff with training.

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: Fil Montanye

(OEC Representative)

Print Name: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Ericka Sullivan

(Person in Charge)

OEC BY: 5/27/25Print Name: ERICKA SULLIVAN

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stirlinghouse @ Erin's Gym License # 70651 Date: 5/13/25

Observations/Corrections needed:

161 Authorized ~~prescriber~~ prescriber + parent permission when 2 medication orders do not have parent authorization and same 2 orders expired 2/16/25 + 2/20/25
1 medication order on school personnel form not giving staff authorization to administer meds.

Additional discussion

Staff need to sign in and out w/ exact times on licensed premise.

additional violations continued

35 ~~(F)~~ logs for consultants ~~(F)~~ when all logs for required consultants not current
(i)(2)(H)(i)-(ii) - visits from consultants when health consultant has not conducted an on site visit this year

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: Felicia Dange
(OEC Representative)

Print Name: Felicia Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Ericka Sullivan
(Person in Charge)

OEC BY: 5/27/25

Print Name: ERICKA SULLIVAN