

Failed - Preadmission Form, Child Checklist
Comments: There is no record available.

Failed - Immunization Certificate, Child Checklist
Comments: There is no record available.

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INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before 07/08/2025, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

* Latasna Abrams
Signature of Facility Representative

11-20-25
Date

Deborah Lang-Dixon
Deborah Dixon
Signature of DHR Licensing Representative

0124/25
Date

COPIES TO: Latasna Abrams