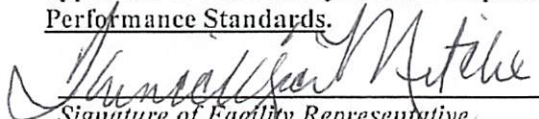


Failed - Preadmission Form, Child Checklist Comments: Child's preadmission record is missing four (4) parent signatures and the 2nd page of the preadmission record.	8/1/2025
Observed a child asleep in the feeding chair., Ad Hoc Comments: NA	8/14/2025

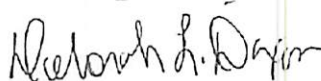
INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before 11/4, 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.


Signature of Facility Representative

10/16/25
Date

Deborah Lang-Dixon



Signature of DHR Licensing Representative

10/16/25
Date

COPIES TO: mailed to licensee-Tanickyia

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6. *Journal of the American Medical Association*, 1997; 277: 1033-1038.

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