

# LICENSING / APPROVAL / REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY / FACILITY: Circle C Youth and Family Services Inc.- Oasis ADDRESS: 227 Seabright Street, Pittsburgh PA 15214	TELEPHONE: (412) 937-1605						
INSPECTED BY: Wayne McNeill	COUNTY: Allegheny						
INSPECTION DATE: August 12, 2004							
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/> INITIAL INSPECTION</td> <td style="text-align: center;"><input type="checkbox"/> RENEWAL INSPECTION</td> <td style="text-align: center;"><input checked="" type="checkbox"/> COMPLAINT</td> <td style="text-align: center;"><input type="checkbox"/> UNANNOUNCED VISIT</td> <td style="text-align: center;"><input type="checkbox"/> RANDOM SAMPLE</td> </tr> </table>			<input type="checkbox"/> INITIAL INSPECTION	<input type="checkbox"/> RENEWAL INSPECTION	<input checked="" type="checkbox"/> COMPLAINT	<input type="checkbox"/> UNANNOUNCED VISIT	<input type="checkbox"/> RANDOM SAMPLE
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3800.32(b)	A child was physically assaulted by other youth at facility.	Provide a plan that assures for the safety of all youth at the facility and is reflective of active interventions for conflict resolution.	Immediately.	
3800.82(a)	Bleach was left out behind unlocked door.	Poisonous materials shall be kept locked and inaccessible to children.	Immediately.	
3800.147(a)(b)	Children were being allowed to smoke outside of facility and in some cases obtained cigarettes from staff.	Use of tobacco products by children is prohibited. Assure future compliance.	Immediately.	

**THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT TO YOUR REGIONAL OFFICE BY**

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SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE

\_\_\_\_\_  
TITLE

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TELEPHONE # OF LEGAL ENTITY REPRESENTATIVE

\_\_\_\_\_  
DATE