

### Program Inspection Compliance Plan

Provider's Name: **Montessori School of Aberdeen Inc.**

City: **Aberdeen**

Provider Number: **011102504**

Inspector: **Julie Hermansen**

Date of Inspection: **12/09/2024**

Time of Inspection: **12:52 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

### C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

35. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made: <b>GC - Immunization Records</b> <b>MC - Immunization Records</b> <b>HT - Immunization Records</b>	Agency Action: <b>Compliance Plan</b> Suggested Completion Date: <b>12/30/2024</b> Actual Completion Date: <b>12/31/2024</b> Status: <b>Corrected</b>
---	---

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made: <b>ST - CPR</b> <b>HV - Training</b> <b>SW - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, Orientation Complete, CPR</b>	Agency Action: <b>Compliance Plan</b> Suggested Completion Date: <b>12/30/2024</b> Actual Completion Date: <b>12/31/2024</b> Status: <b>Corrected</b>
--	---



Provider Signature

**Susan Dalager**

Name

**12/09/2024**

Date



Inspector Signature

**Julie Hermansen**

Name

**12/09/2024**

Date