

Provider required to post this report.

## Program Inspection Compliance Plan

Provider's Name: **Just Kidding Childcare Center Inc**

City: **Aberdeen**

Provider Number: **011102509**

Inspector: **Julie Hermansen**

Date of Inspection: **12/10/2024**

Time of Inspection: **11:24 AM**

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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li>EB - Immunization Records</li> <li>JB - Immunization Records</li> <li>JB - Immunization Records</li> <li>JD - Immunization Records</li> <li>CH - Immunization Records</li> <li>DJ - Immunization Records</li> <li>EJ - Immunization Records</li> <li>SK - Emergency Contact</li> <li>EL - Immunization Records</li> <li>RL - Immunization Records</li> <li>AM - Immunization Records</li> <li>RP - Immunization Records</li> <li>EP - Immunization Records</li> <li>CT - Immunization Records</li> </ul>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td><b>12/31/2024</b></td> <td><b>01/06/2025</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>12/31/2024</b>	<b>01/06/2025</b>
Suggested Completion Date:	Actual Completion Date:				
<b>12/31/2024</b>	<b>01/06/2025</b>				

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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li>FB - DCI Check</li> <li>MB - DCI Check</li> <li>AC - Central Registry Check</li> <li>LE - Five Year Screen</li> <li>AM - C A/N Report Statement</li> <li>MP - Five Year Screen</li> <li>BP - DCI Check</li> <li>VS - Orientation Complete, Training</li> <li>AS - Level II Complete</li> <li>AW - DCI Check</li> </ul>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td><b>12/31/2024</b></td> <td><b>01/06/2025</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>12/31/2024</b>	<b>01/06/2025</b>
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Provider Signature

**Adwoa Street**  
\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



\_\_\_\_\_  
Inspector Signature

**Julie Hermansen**  
\_\_\_\_\_  
Name

**12/10/2024**  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date