

Program Inspection Compliance Plan

Provider's Name: **Ihanpi Cikcistina "Little Steps"**

City: **Agency Village**

Provider Number: **011102332**

Inspector: **Julie Hermansen**

Date of Inspection: **11/13/2024**

Time of Inspection: **1:22 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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> DB - Immunization Records JF - Immunization Records FF - Emergency Permission AH - Immunization Records RHE - Immunization Records NO - Immunization Records DR - Immunization Records WV - Immunization Records 	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>12/13/2024</td> <td>01/06/2025</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/13/2024	01/06/2025
Suggested Completion Date:	Actual Completion Date:				
12/13/2024	01/06/2025				

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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> KB - Training JB - C A/N Report Statement ZB - Out Of State, C A/N Report Statement EC - C A/N Report Statement, Orientation Complete, CPR KD - C A/N Report Statement JE - C A/N Report Statement, Orientation Complete, CPR CE - Out Of State, C A/N Report Statement, CPR JE - C A/N Report Statement JF - CPR DF - Five Year Screen, Level II Complete, CPR LK - C A/N Report Statement, Orientation Complete VR - C A/N Report Statement, CPR SW - C A/N Report Statement, CPR 	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>12/13/2024</td> <td>01/06/2025</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/13/2024	01/06/2025
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E. Written Procedures

50. Is there a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

<p>Corrections To Be Made:</p> <p>The written emergency preparedness and response plan wasn't available at the time of the inspection.</p> <p>The Provider needs a written emergency preparedness and response plan in place.</p> <p>Correction: The Provider has a written emergency preparedness and response plan in place.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>12/13/2024</td> <td>01/06/2025</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/13/2024	01/06/2025
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Provider Signature

Joseph Martinez

Name

11/13/2024

Date



Inspector Signature

Julie Hermansen

Name

11/13/2024

Date