

Program Inspection Compliance Plan

Provider's Name: **Busy B's II**

City: **Chamberlain**

Provider Number: **014512628**

Inspector: **Sarah Deakins**

Date of Inspection: **09/18/2024**

Time of Inspection: **10:06 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

- 45. Is the individual responsible for planning and implementing the program at least 18 years of age and is the required education or work experience maintained? 67:42:17:09

Corrections To Be Made:

The individual responsible for planning and implementing the program and staff supervision does not meet the educational or work experience requirements. The Director/Owner will obtain their Child Development Associate (CDA) credential to meet Program Administrator qualifications. The Director/Owner has requested additional time to complete this requirement.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/31/2025	10/08/2025
Status: Corrected	

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

Corrections To Be Made:

At the time of the inspection, there was no written emergency preparedness and response plan.

The program must have a written emergency preparedness and response plan in place which covers all areas: evacuation, relocation, shelter-in-place, and lock-down procedures.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/02/2024	09/25/2024
Status: Corrected	

Verification of the program's written emergency preparedness and response plan has been received.



Provider Signature

Blakely Nagy

Name

09/18/2024

Date



Inspector Signature

Sarah Deakins

Name

09/30/2024

Date