

To verify completion of pediatric CPR certification, a copy of the CPR certificates for the three providers will be submitted to OLA by May 8th, 2026.

How Maintained:

Provider files will be reviewed quarterly to ensure required pediatric CPR certification is current for all providers.

Position Responsible:
Devan Koskan, Owner

Expected Completion Date:
May 08, 2026

Date Completed:
May 27, 2026

Corrective Action Plan #2

Administrative Rule:

67:42:17:42

A provider shall maintain a record for each child that includes:

- (1) The child's name and date of birth;
- (2) The parent or guardian's name and telephone number;
- (3) An emergency contact name and telephone number;
- (4) Parental permission for emergency medical treatment;
- (5) The names of individuals authorized to pick up the child;
- (6) Health information, including any allergies or special needs;
- (7) A current immunization record or, for a school-age program, the name of the child's school;
- (8) Parental permission for medication;
- (9) The child's attendance records;
- (10) The date of the child's enrollment; and
- (11) The date on which the child's enrollment ends.

The provider shall annually review and update each record required under this section, and make the child's record available to the department, upon request.

Summary of Non-Compliance Finding:

A program inspection was conducted by the Office of Licensing and Accreditation (OLA) on February 9th, 2026. To date, verification of a current immunization record has not been obtained for one child.

Corrective Action:

An updated immunization record will be obtained for the child who does not have a current immunization record on file.

Supporting Evidence:

The provider will submit verification of the current immunization record for one child to OLA by May 8th, 2026.

How Maintained:

Provider will review child records upon admission and on an annual basis to ensure updated immunization records are present in each child record.

Position Responsible:
Devan Koskan, Owner

Expected Completion Date:
May 08, 2026

Date Completed:
May 08, 2026

SIGNATURES

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

Devin Koskan

Provider Name



Signature of Provider

April 08, 2026

Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Brooke Flemmer

Printed Name of DSS Staff



4/8/2026, 7:46:54 AM

Signature of DSS Staff:

April 08, 2026

Date

COMPLETION DETAILS

COMPLETION DATE: May 27, 2026

The Department of Social Services, Office of Licensing and Accreditation has reviewed the actions taken by the agency to resolve the above items and has accepted the above plan as completed.

Brooke Flemmer

Printed Name of DSS Staff



5/27/2026, 1:34:45 PM

Signature of DSS Staff:

May 27, 2026

Date