

Program Inspection Compliance Plan

Provider's Name: **Hand In Hand Community Day Care**

City: **Miller**

Provider Number: **000097047**

Inspector: **Sarah Deakins**

Date of Inspection: **09/26/2023**

Time of Inspection: **12:20 PM**

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

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

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

<p>Corrections To Be Made:</p> <p>EW - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">10/10/2023</td> <td style="text-align: center;">11/13/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/10/2023	11/13/2023
Suggested Completion Date:	Actual Completion Date:				
10/10/2023	11/13/2023				

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

<p>Corrections To Be Made:</p> <p>DD - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check HF - Orientation Complete, Training AM - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check CW - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">10/10/2023</td> <td style="text-align: center;">09/28/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/10/2023	09/28/2023
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10/10/2023	09/28/2023				

Clover Herdman

09/26/2023

Sarah Deakins

09/26/2023

Provider Signature

Date

Inspector Signature

Date