

# Program Inspection Compliance Plan

Provider's Name: **Kids Konnection**

City: **Beresford**

Provider Number: **010604233**

Inspector: **Rita Trager**

Date of Inspection: **04/10/2024**

Time of Inspection: **2:28 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

32. Does the provider have a weekly menu posted, which includes meals and snacks to be served each week? 67:42:17:30

Corrections To Be Made:	Agency Action:	
<b>There is not a weekly snack menu posted which includes snacks to be served.</b>	<b>Compliance Plan</b>	
<b>A weekly snack menu is to be posted and documentation provided to Office of Licensing and Accreditation (OLA).</b>	Suggested Completion Date:	Actual Completion Date:
<b>*Correction: the weekly snack menu has been posted and a copy provided to OLA.</b>	<b>05/10/2024</b>	<b>05/09/2024</b>
	Status: <b>Corrected</b>	

33. If a child in care has a known food allergy, does the provider have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction? 67:42:17:29

Corrections To Be Made:	Agency Action:	
<b>A child in care with a known food allergy does not have a written plan, including instructions regarding steps to be taken if the child should have an allergic reaction, available at the program.</b>	<b>Compliance Plan</b>	
<b>Provider is to have a written plan for children with a known food allergy. Documentation to be provided to Office of Licensing and Accreditation (OLA).</b>	Suggested Completion Date:	Actual Completion Date:
<b>*Correction: the written plan has been developed and a copy provided to OLA</b>	<b>05/10/2024</b>	<b>05/09/2024</b>
	Status: <b>Corrected</b>	

34. Does the provider have documentation showing two fire evacuation drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year? 67:42:17:43

Corrections To Be Made:	Agency Action:	
<b>The provider does not have documentation of one lock down drill.</b>	<b>Compliance Plan</b>	
<b>Provider to conduct one lock down drill. Documentation to be submitted to Office of Licensing and Accreditation (OLA).</b>	Suggested Completion Date:	Actual Completion Date:
<b>*Correction: Documentation of date of lock down drill provided to OLA.</b>	<b>05/10/2024</b>	<b>05/18/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>KG - Orientation Complete, Training KH - CPR, Training PS - CPR, Training JV - Training</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>05/10/2024</b>	<b>05/10/2024</b>
	Status: <b>Corrected</b>	

## F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:	Agency Action:	
<b>The program does not have proof of current liability insurance.</b>	<b>Compliance Plan</b>	
<b>Program to provide documentation of current liability insurance to OLA.</b>	Suggested Completion Date:	Actual Completion Date:
<b>*Correction: documentation of current liability insurance has been provided.</b>	<b>05/10/2024</b>	<b>05/09/2024</b>
	Status: <b>Corrected</b>	

53. If transportation is provided, does the program have proof of liability insurance for the vehicle(s) used to transport children? 67:42:17:45

Corrections To Be Made:	Agency Action:	
<b>The program does not have proof of current vehicle liability insurance for vehicles used to transport children.</b>	<b>Compliance Plan</b>	
<b>Program to provide documentation of current vehicle liability insurance to OLA.</b>	Suggested Completion Date:	Actual Completion Date:
<b>*Correction: documentation of current liability insurance has been provided.</b>	<b>05/10/2024</b>	<b>05/09/2024</b>
	Status: <b>Corrected</b>	

**Kaitlin Huggenberger**  
\_\_\_\_\_  
Provider Signature

**04/11/2024**  
\_\_\_\_\_  
Date

**Rita Trager**  
\_\_\_\_\_  
Inspector Signature

**04/11/2024**  
\_\_\_\_\_  
Date