

Program Inspection Compliance Plan

Provider's Name: **Children's Care Corner**

City: **Howard**

Provider Number: **010605880**

Inspector: **Deb Bigge**

Date of Inspection: **09/12/2023**

Time of Inspection: **12:38 PM**

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

A. Staff-Child Ratio and Supervision of Children

1. Is the staff to child ratio maintained at all times, including during indoor and outdoor play? 67:42:17:21
Note : Ratio is 1 staff to every 5 children age birth up to 3 years; 1 staff to every 10 children ages 3 and 4 years; and 1 staff to every 15 children 5 years and over.

Corrections To Be Made:

The appropriate staff to child ratio was not maintained at all times during outdoor play on the date of inspection.

The staff to child ratio must be maintained at all times.

The regulation requirements were reviewed with the Provider. The Provider will assure that the correct ratio is maintained at all times.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

09/12/2023

Actual
Completion
Date:

09/12/2023

Status: **Corrected**

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider

C. Qualifications

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

Corrections To Be Made:

HB - Immunization Records
LC - Enrollment Date, Emergency Contact, Immunization Records
LC - Immunization Records
LC - Immunization Records
LC - Immunization Records
EF - Immunization Records
EJ - Immunization Records
NM - Immunization Records
CP - Immunization Records
SR - Immunization Records
HW - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
----------------------------------	-------------------------------

09/29/2023	10/27/2023
------------	------------

Status: **Corrected**

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

Corrections To Be Made:

JJ - CPR, Training
CK - Orientation Complete, CPR, Training
EN - Training
OP - Orientation Complete, CPR, Training
SR - Out Of State
BS - Orientation Complete, CPR, Training
LW - CPR, Training

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
----------------------------------	-------------------------------

09/29/2023	09/28/2023
------------	------------

Status: **Corrected**

Christa Coulter

Provider Signature

09/12/2023

Date

Deb Bigge

Inspector Signature

09/12/2023

Date