

# Program Inspection Compliance Plan

Provider's Name: **The Children's Ark**

City: **Chamberlain**

Provider Number: **010607199**

Inspector: **Ambuer Jaacks**

Date of Inspection: **06/22/2022**

Time of Inspection: **12:52 PM**

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

## A. Program Activities, Schedule and Environment

2. Are activity plans developed and implemented that offer a variety of activities to meet the needs of various age groups? 67:42:10:10

Corrections To Be Made:	Agency Action:	
<b>Activity plans not posted at time of inspection.</b>	<b>Compliance Plan</b>	
<b>Correction: Verification received that activity plans are developed and being implemented that offer a variety of activities to meet needs of various age groups.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>07/13/2022</b>	<b>08/10/2022</b>
	Status: <b>Corrected</b>	

## G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

Corrections To Be Made:	Agency Action:	
<b>NH - Three References, Timely Orientation AP - Central Registry Check, Criminal Record Check</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>07/13/2022</b>	<b>08/10/2022</b>
	Status: <b>Corrected</b>	

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

Corrections To Be Made:	Agency Action:	
<b>JP - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>07/13/2022</b>	<b>08/10/2022</b>
	Status: <b>Corrected</b>	

**Danielle Harmon**  
\_\_\_\_\_  
Provider Signature

**08/10/2022**  
\_\_\_\_\_  
Date

**Ambuer Jaacks**  
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Inspector Signature

**08/10/2022**  
\_\_\_\_\_  
Date