

Program Inspection Compliance Plan

Provider's Name: **Ohana Early Learning Center**

City: **Chamberlain**

Provider Number: **010611324**

Inspector: **Sarah Deakins**

Date of Inspection: **04/29/2024**

Time of Inspection: **10:09 AM**

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

Corrections To Be Made:	Agency Action:	
KWB - Immunization Records HWB - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/20/2024	05/09/2024
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
KH - Five Year Screen, Level II Complete AW - Five Year Screen, Level II Complete	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/20/2024	05/09/2024
	Status: Corrected	

Aylissa Willrodt

Provider Signature

04/29/2024

Date

Sarah Deakins

Inspector Signature

06/21/2024

Date