

# Program Inspection Compliance Plan

Provider's Name: **Ihanpi Cikcistina Little Steps Daycare**

City: **Agency Village**

Provider Number: **011102332**

Inspector: **Julie Hermansen**

Date of Inspection: **10/20/2023**

Time of Inspection: **11:52 AM**

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

## B. Provider Practices

14. For children under one year of age, is the sleep area free of soft objects and bedding including loose blankets, pillows, stuffed animals, bumper pads, sleep positioning devices, bibs, etc.? 67:42:17:26

|   |  |                            |                         |                   |                   |
|---|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>An infant under age one year had a loose/soft blanket while nappings.</b></p> <p><b>Children under one year of age need a sleep area free of loose blankets.</b></p> <p><b>Correction: A staff person immediately removed the loose blanket from the crib. The safe sleep regulations were reviewed with the director and staff.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;"><b>10/20/2023</b></td> <td style="border: none;"><b>10/20/2023</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>10/20/2023</b> | <b>10/20/2023</b> |
| Suggested Completion Date:  | Actual Completion Date:  |                            |                         |                   |                   |
| <b>10/20/2023</b>   | <b>10/20/2023</b>  |                            |                         |                   |                   |

## 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><b>TB - Immunization Records</b></p> <p><b>HG - Immunization Records</b></p> <p><b>EH - Immunization Records</b></p> <p><b>KK - Immunization Records</b></p> <p><b>PM - Immunization Records</b></p> <p><b>DR - Immunization Records</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;"><b>11/20/2023</b></td> <td style="border: none;"><b>12/19/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>11/20/2023</b> | <b>12/19/2023</b> |
| Suggested Completion Date:   | Actual Completion Date:  |                            |                         |                   |                   |
| <b>11/20/2023</b>  | <b>12/19/2023</b>  |                            |                         |                   |                   |

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

|   |                          |                   |
|---|--------------------------|-------------------|
| Corrections To Be Made:   | Agency Action:           |                   |
| <b>KB - Orientation Complete</b>  | <b>Compliance Plan</b>   |                   |
| <b>DF - Five Year Screen, Level II Complete</b>                                 |                          |                   |
| <b>SG - FBI Check, CPR</b>  | Suggested                | Actual            |
| <b>JH - FBI Check, DCI Check, NCIC Check, Orientation Complete, CPR</b>         | Completion               | Completion        |
| <b>PK - CPR</b>   | Date:                    | Date:             |
| <b>JM - Out Of State</b>  | <b>11/20/2023</b>        | <b>12/20/2023</b> |
| <b>JM - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI</b> |                          |                   |
| <b>Check, NCIC Check</b>  |                          |                   |
| <b>KR - Orientation Complete, CPR, Training</b>                                 | Status: <b>Corrected</b> |                   |
| <b>ST - FBI Check, Orientation Complete</b>                                     |                          |                   |
| <b>SW - FBI Check, DCI Check, NCIC Check</b>                                    |                          |                   |

**Cortney Boggess**

Provider Signature

**10/20/2023**

Date

**Julie Hermansen**

Inspector Signature

**10/20/2023**

Date