

Program Inspection Compliance Plan

Provider's Name: **Bright Beginnings Childcare & Learning Center** City: **Aberdeen**

Provider Number: **011102449**

Inspector: **Julie Hermansen** Date of Inspection: **11/29/2023**

Time of Inspection: **11:33 AM**

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

2. For a program licensed to serve more than 20 children , is the ratio for the mixed age group maintained? 67:42:17:22 Note: In a mixed age group where there are three or more children under the age of three, a ratio of 5 children to 1 staff must be maintained. In all other mixed age group circumstances, the staff to child ratio is based on the age range of the majority of children in the group.

<p>Corrections To Be Made:</p> <p>The staff-child ratio was not maintained at the time of the inspection as there were 12 children and 2 staff and only 2 of the children were 3.</p> <p>In mixed age groups, the staff to child ratio needs to be based on the age range for the majority of the children in the group.</p> <p>Correction: Provider corrected the issue and had a third staff go in the room.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">11/29/2023</td> <td style="text-align: center;">11/29/2023</td> </tr> </table> <p>Status: Corrected Immediately</p>	Suggested Completion Date:	Actual Completion Date:	11/29/2023	11/29/2023
Suggested Completion Date:	Actual Completion Date:				
11/29/2023	11/29/2023				

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:	
EA - Immunization Records	Compliance Plan	
TB - Immunization Records	Suggested Completion Date:	Actual Completion Date:
ZE - Information Sheet, Emergency Contact, Emergency Permission	12/27/2023	12/29/2023
EF - Immunization Records	Status: Corrected	
CF - Immunization Records		
KF - Immunization Records		
XH - Immunization Records		
KH - Immunization Records		
AK - Immunization Records		
MK - Immunization Records		
QK - Immunization Records		
JL - Immunization Records		
PL - Immunization Records		
KM - Immunization Records		
CP - Immunization Records		
TP - Immunization Records		
JR - Immunization Records		
CS - Immunization Records		
CS - Immunization Records		
WS - Immunization Records		
BS - Immunization Records		
IT - Immunization Records		
RT - Immunization Records		
TW - Immunization Records		
LW - Immunization Records		

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

Corrections To Be Made:	Agency Action:	
JB - CPR, Training	Compliance Plan	
CB - Training	Suggested Completion Date:	Actual Completion Date:
JB - C A/N Report Statement, CPR	12/27/2023	02/05/2024
DG - Central Registry Check, Sex Offender Registry Check, C A/N Report Statement, CPR	Status: Corrected	
MJ - CPR, Training		
KL - Sex Offender Registry Check, C A/N Report Statement, CPR		
KS - CPR, Training		
JS - Central Registry Check, Sex Offender Registry Check, C A/N Report Statement, CPR		
VT - Central Registry Check, Sex Offender Registry Check, C A/N Report Statement		

Krista Smith
Provider Signature

11/29/2023
Date

Julie Hermansen
Inspector Signature

11/29/2023
Date