

# Program Inspection Compliance Plan

Provider's Name: **Doland Community Daycare**

City: **Doland**

Provider Number: **011102464**

Inspector: **Julie Hermansen**

Date of Inspection: **10/11/2023**

Time of Inspection: **2:15 PM**

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

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

Corrections To Be Made:

**SD - Five Year Screen**  
**KL - Level II Complete**  
**RM - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State, C A/N Report Statement**  
**AR - Five Year Screen**  
**LR - Five Year Screen**  
**JT - FBI Check, Orientation Complete, CPR**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**11/01/2023**

**12/08/2023**

Status: **Corrected**

**Melinda Rowe**

Provider Signature

**10/11/2023**

Date

**Julie Hermansen**

Inspector Signature

**10/11/2023**

Date