

Program Inspection Compliance Plan

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

City: **Doland**

Provider Number: **011102464**

Inspector: **Julie Hermansen**

Date of Inspection: **09/04/2024**

Time of Inspection: **2:29 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

35. Does each child ' s record contain all required information? 67:42:17:42

<p>Corrections To Be Made:</p> <p>TS - Emergency Contact, Emergency Permission</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;">09/30/2024</td> <td style="text-align: center;">10/29/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/30/2024	10/29/2024
Suggested Completion Date:	Actual Completion Date:				
09/30/2024	10/29/2024				

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

<p>Corrections To Be Made:</p> <p>RM - CPR LR - Training MR - CPR</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;">10/04/2024</td> <td style="text-align: center;">10/29/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/04/2024	10/29/2024
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10/04/2024	10/29/2024				

Melinda Rowe

Provider Signature

09/04/2024

Date

Julie Hermansen

Inspector Signature

09/04/2024

Date