Program Inspection
Compliance Plan

Provider's Name:	**Summit OST Program**	City:	**Summit**	Provider Number:	**011102468**
Inspector:	**Julie Hermansen**	Date of Inspection:	**06/24/2024**	Time of Inspection:	**11:07 AM**

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

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

33. If a child in care has a known food allergy, does the provider have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction? 67:42:17:29

Corrections To Be Made:

A child with known food allergies didn't have a written plan.

Children with known food allergies need a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction.

Correction: The Provider has a written plan which includes instruction regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
07/24/2024	**07/23/2024**

Status: **Corrected**

36. Do children ' s records include names of authorized individuals to pick up the children; health information including allergies or special needs; start and end date of enrollment? 67:42:17:42

Corrections To Be Made:

Some of the children didn't have a complete list of who could pick them up.

All child records need names of authorized individuals to pick up the children.

Correction: The child records now include names of authorized individuals to pick up the children.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
07/24/2024	**07/23/2024**

Status: **Corrected**

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

Corrections To Be Made:	Agency Action:	
BA - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, Orientation Complete, CPR, Training **EB - CPR, Training** **NE - Level II Complete, Training** **SJ - Orientation Complete, CPR** **NP - C A/N Report Statement, Orientation Complete** **DW - Five Year Screen** **BZ - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement** **TZ - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement**	**Compliance Plan** Suggested Completion Date: **07/24/2024** Status: **Corrected**	Actual Completion Date: **08/21/2024**

Nicole Ebsen	**06/24/2024**	**Julie Hermansen**	**06/24/2024**
Provider Signature	Date	Inspector Signature	Date