

# Program Inspection Compliance Plan

Provider's Name: **Tiger Den Kiddie Care**

City: **Ipswich**

Provider Number: **011102549**

Inspector: **Julie Hermansen**

Date of Inspection: **04/10/2024**

Time of Inspection: **12:17 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

|                                  |                            |                         |
|----------------------------------|----------------------------|-------------------------|
| Corrections To Be Made:          | Agency Action:             |                         |
| <b>TP - Immunization Records</b> | <b>Compliance Plan</b>     |                         |
|                                  | Suggested Completion Date: | Actual Completion Date: |
|                                  | <b>05/01/2024</b>          | <b>04/18/2024</b>       |
|                                  | Status: <b>Corrected</b>   |                         |

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

|  |                            |                         |
|--|----------------------------|-------------------------|
| Corrections To Be Made:                                    | Agency Action:             |                         |
| <b>KO - Training</b><br><b>JW - C A/N Report Statement</b> | <b>Compliance Plan</b>     |                         |
|  | Suggested Completion Date: | Actual Completion Date: |
|  | <b>05/01/2024</b>          | <b>05/30/2024</b>       |
|  | Status: <b>Corrected</b>   |                         |

## E. Written Procedures

50. Is there a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

|  |                            |                         |
|--|----------------------------|-------------------------|
| Corrections To Be Made:  | Agency Action:             |                         |
| <b>There was no emergency preparedness and response plan at the time of the inspection.</b>      | <b>Compliance Plan</b>     |                         |
| <b>The Provider needs a written emergency preparedness and response plan in plan.</b>            | Suggested Completion Date: | Actual Completion Date: |
| <b>Correction: The Provider has a written emergency preparedness and response plan in place.</b> | <b>05/01/2024</b>          | <b>04/29/2024</b>       |
|  | Status: <b>Corrected</b>   |                         |

**Nichol Osborne**  
 \_\_\_\_\_  
 Provider Signature

**04/10/2024**  
 \_\_\_\_\_  
 Date

**Julie Hermansen**  
 \_\_\_\_\_  
 Inspector Signature

**04/10/2024**  
 \_\_\_\_\_  
 Date