Program Inspection
Compliance Plan

Provider's Name:	**Crooks Community Child Care Center**	City:	**Crooks**	Provider Number:	**011515297**
Inspector:	**Chandra VanHout**	Date of Inspection:	**09/13/2023**	Time of Inspection:	**10:37 AM**

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

B. Provider Practices

24. Does the provider comply with their responsibility to report to the Office of Licensing & Accreditation within 24 hours any incidents or changes in circumstances that may affect their ability to meet licensing requirements? 67:42:17:06 Note: This includes but is not limited to a new director, use of space not yet approved, renovating of space used, damage to the building, change in location or ownership, involvement with child protective services or law enforcement, serious injury that requires medical attention or dental care or death of child in care, etc.

Corrections To Be Made:

There was one incident of a child injury that required medical attention that had not been reported.

The provider shall report to OLA within 24 hours of any serious injuries that require medical attention.

Corrected immediately: the provider reported the information and has a clear understanding of the regulation going forward.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/14/2023	**09/13/2023**

Status: **Corrected Immediately**

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:	Agency Action:
A child in care with known food allergies did not have a written plan including a detailed treatment plan to be implemented if the child has an allergic reaction. **Children with known food allergies shall have a detailed written plan.** **Correction: the program submitted a detailed written allergy plan.**	**Compliance Plan** Suggested Completion Date: **09/22/2023** Actual Completion Date: **09/27/2023** Status: **Corrected**

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

Corrections To Be Made:	Agency Action:
SB - Immunization Records **JM - Immunization Records** **LR - Immunization Records** **LR - Immunization Records** **EV - Enrollment Date** **EV - Immunization Records** **AW - Immunization Records**	**Compliance Plan** Suggested Completion Date: **10/04/2023** Actual Completion Date: **10/11/2023** Status: **Corrected**

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

Corrections To Be Made:	Agency Action:
RB - CPR **CE - Out Of State** **SJ - DCI Check, Five Year Screen** **SL - Five Year Screen, Level II Complete** **EM - Out Of State** **AT - Orientation Complete, CPR**	**Compliance Plan** Suggested Completion Date: **10/04/2023** Actual Completion Date: **10/31/2023** Status: **Corrected**

E. Written Procedures

51. Are all providers and provider assistants knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins? 67:42:17:43

Corrections To Be Made:	Agency Action:	
Some providers were not knowledgeable about the lockdown procedure.	**Compliance Plan**	
All providers shall be knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins.	Suggested Completion Date:	Actual Completion Date:
Providers were informed of the lockdown procedures and the program conducted a lockdown drill.	**09/22/2023**	**10/03/2023**
	Status: **Corrected**	

Melissa Boehrns	**09/13/2023**	**Chandra VanHout**	**09/13/2023**
Provider Signature	Date	Inspector Signature	Date