

Program Inspection Compliance Plan

Provider's Name: **Tiny Toes Adventure Center**

City: **Brookings**

Provider Number: **011517598**

Inspector: **Ambuer Jaacks**

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

Time of Inspection: **11:24 AM**

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:

BD - Immunization Records
CD - Immunization Records
SG - Immunization Records
KS - Immunization Records
AZ - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

10/04/2024

Actual
Completion
Date:

10/08/2024

Status: **Corrected**

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

Corrections To Be Made:

MB - CPR, Training
KG - Out Of State
MS - Orientation Complete
AW - CPR, Training

Agency Action:

Compliance Plan

Suggested
Completion
Date:

10/04/2024

Actual
Completion
Date:

10/04/2024

Status: **Corrected**

Linea Dahl

Provider Signature

09/04/2024

Date

Ambuer Jaacks

Inspector Signature

09/04/2024

Date