

Program Inspection Compliance Plan

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

City: **Stickney**

Provider Number: **014512569**

Inspector: **Sarah Deakins**

Date of Inspection: **01/31/2024**

Time of Inspection: **1:09 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>RN - Immunization Records CR - Immunization Records</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;">02/16/2024</td> <td style="text-align: center;">02/02/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	02/16/2024	02/02/2024
Suggested Completion Date:	Actual Completion Date:				
02/16/2024	02/02/2024				

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

<p>Corrections To Be Made:</p> <p>JB - DCI Check, Orientation Complete, CPR JH - Address & Phone Number, C A/N Report Statement, Orientation Complete OW - Orientation Complete</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;">02/16/2024</td> <td style="text-align: center;">03/18/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	02/16/2024	03/18/2024
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02/16/2024	03/18/2024				

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

<p>Corrections To Be Made:</p> <p>At the time of the inspections, the program did not have a written emergency preparedness and response plan which covers all areas required.</p> <p>The program will have 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 and reunification with families, continuity of operations, and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions.</p> <p>The program provided a copy of their updated emergency preparedness and response plan.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>02/16/2024</td> <td>02/15/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	02/16/2024	02/15/2024
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02/16/2024	02/15/2024				

F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

<p>Corrections To Be Made:</p> <p>At the time of the inspection, there was no proof of current liability insurance available.</p> <p>The program will provide verification of current liability insurance coverage.</p> <p>The program sent verification of current liability insurance coverage.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>02/16/2024</td> <td>02/28/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	02/16/2024	02/28/2024
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Jordan Westendorf
Provider Signature

01/31/2024
Date

Sarah Deakins
Inspector Signature

01/31/2024
Date