

Program Inspection Compliance Plan

Provider's Name: **Little Blossom Learning Center** City: **Huron**

Provider Number: **014512625**

Inspector: **Sarah Deakins** Date of Inspection: **08/28/2024**

Time of Inspection: **11:53 AM**

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

B. Provider Practices

25. Are child and family information, records, and photos kept confidential and not released to unauthorized individuals? Is written parental consent obtained before publicly sharing information, including photos? 67:42:17:16

Corrections To Be Made:	Agency Action:	
Several of the children's files were missing the written parental consent for sharing photos or information.	Compliance Plan	
Child and family information, records, and photos kept must be kept confidential and not released to unauthorized individuals.	Suggested Completion Date:	Actual Completion Date:
Verification has been received.	09/12/2024	09/11/2024
	Status: Corrected	

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:	
CC - Enrollment Date, Immunization Records CC - Enrollment Date, Immunization Records JD - Immunization Records AD - Enrollment Date, Immunization Records LF - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records KF - Enrollment Date HH - Emergency Contact, Immunization Records EH - Immunization Records BIC - Enrollment Date, Immunization Records MIC - Enrollment Date, Immunization Records CI - Immunization Records MM - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records CM - Enrollment Date WM - Enrollment Date BN - Immunization Records RN - Immunization Records KP - Enrollment Date DP - Enrollment Date, Immunization Records ER - Immunization Records FR - Immunization Records BR - Emergency Contact, Emergency Permission, Immunization Records AS - Immunization Records TS - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records BS - Enrollment Date JS - Enrollment Date GS - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records CT - Enrollment Date MT - Enrollment Date MU - Immunization Records EW - Immunization Records	Compliance Plan Suggested Completion Date: 09/12/2024 Actual Completion Date: 10/23/2024 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:	Agency Action:	
Several children's files were missing authorized individuals to pick up the children, allergy plans, and enrollment dates. Children's records must include names of authorized individuals to pick up the children; health information including special needs or allergies; and start and end date of enrollment. Verification has been received.	Compliance Plan Suggested Completion Date: 09/12/2024 Actual Completion Date: 10/23/2024 Status: Corrected	

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

<p>Corrections To Be Made:</p> <p>JF - Out Of State, C A/N Report Statement KF - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State, C A/N Report Statement AF - Address & Phone Number, Out Of State, C A/N Report Statement, Orientation Complete SF - Address & Phone Number, Out Of State, C A/N Report Statement AG - Address & Phone Number, Out Of State, C A/N Report Statement AH - Address & Phone Number, Out Of State, C A/N Report Statement AH - Address & Phone Number, Out Of State, C A/N Report Statement BL - Address & Phone Number, Out Of State, C A/N Report Statement MM - Address & Phone Number, Out Of State, C A/N Report Statement AR - Address & Phone Number, Out Of State, C A/N Report Statement WR - Out Of State, C A/N Report Statement, CPR, Training JS - Address & Phone Number, Out Of State, C A/N Report Statement SW - Out Of State, C A/N Report Statement, CPR, Training GW - Address & Phone Number, Out Of State, C A/N Report Statement SW - Address & Phone Number, Out Of State, C A/N Report Statement</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="1"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>09/12/2024</td> <td>10/08/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/12/2024	10/08/2024
Suggested Completion Date:	Actual Completion Date:				
09/12/2024	10/08/2024				

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>There was no written emergency preparedness and response plan in place which covers all areas required including evacuation, relocation, shelter-in-place, and lock-down.</p> <p>At the time of inspection, there must be a written emergency preparedness and response plan in place which covers all areas required including evacuation, relocation, shelter-in-place, and lock-down.</p> <p>Verification of a written emergency preparedness and response plan has been received.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="1"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>09/12/2024</td> <td>09/11/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/12/2024	09/11/2024
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09/12/2024	09/11/2024				

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:	
At the time of employment, no staff at the program were informed or trained on the emergency preparedness and response plan and procedure.	Compliance Plan	
All providers and assistants must be knowledgeable on the programs emergency preparedness and response plan at the time employment begins.	Suggested Completion Date:	Actual Completion Date:
The program has sent a copy of their emergency preparedness and response plan and ensured the staff are trained.	09/12/2024	09/11/2024
	Status: Corrected	

Miscellaneous Rule Violations

67:42:17:38 - Hazardous conditions

Corrections To Be Made:	Agency Action:	
The program had a gate located in the doorway of two rooms (infant & toddler rooms) which restricted the ability to exit the building.	Compliance Plan	
Gates cannot be used on exit doors, corridors, or hallways that could impede exiting the building. Gates must be able to be opened without any key, tool, or special knowledge either in one motion or be openable by using one hand.	Suggested Completion Date:	Actual Completion Date:
The program sent verification that the gates have been removed.	09/09/2024	09/06/2024
	Status: Corrected	

Whitney Reimer Sara Waldner
Provider Signature

08/28/2024
Date

Sarah Deakins
Inspector Signature

08/28/2024
Date