

Program Inspection Compliance Plan

Provider's Name: **Lil Friends Learning Center** City: **Rapid City** Provider Number: **016597769**
 Inspector: **Andrea Neff** Date of Inspection: **01/31/2024** Time of Inspection: **8:35 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

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: Program did not have a written plan for all children with a food allergy. Children in care who have a known food allergy needs to have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan if the child has an allergic reaction. Correction: Program submitted a written food allergy plan for the child who was missing a written food allergy plan.	Agency Action: Compliance Plan <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;">02/09/2024</td> <td style="border: none;">02/01/2024</td> </tr> </table> Status: Corrected	Suggested Completion Date:	Actual Completion Date:	02/09/2024	02/01/2024
Suggested Completion Date:	Actual Completion Date:				
02/09/2024	02/01/2024				

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

Corrections To Be Made: JVK - Enrollment Date, Emergency Contact MVK - Enrollment Date, Emergency Contact LW - Immunization Records KW - Immunization Records JW - Immunization Records LW - Information Sheet, Emergency Contact, Emergency Permission, Immunization Records	Agency Action: Compliance Plan <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;">02/09/2024</td> <td style="border: none;">02/01/2024</td> </tr> </table> Status: Corrected	Suggested Completion Date:	Actual Completion Date:	02/09/2024	02/01/2024
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02/09/2024	02/01/2024				

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:	
Not all children's records contained required information. Some child records were missing start of enrollment date and allergy information.	Compliance Plan	
Program will need to ensure all children's records contain all required information.	Suggested Completion Date:	Actual Completion Date:
Correction: Program ensured all children's records contain all required information.	02/09/2024	02/01/2024
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
NC - Five Year Screen SM - Out Of State EP - Out Of State JW - Out Of State	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	02/09/2024	05/21/2024
	Status: Corrected	

D. Transportation

46. If transporting children, is written permission from each child ' s parent obtained? 67:42:17:45

Corrections To Be Made:	Agency Action:	
Program did not have written permission from each child's parent to transport children.	Compliance Plan	
Program will need to submit written permission from each child's parent that is being transported.	Suggested Completion Date:	Actual Completion Date:
Correction: Program revised their transportation form to state that parents give permission for their child to be transported.	02/09/2024	02/01/2024
	Status: Corrected	

F. Insurance

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

Corrections To Be Made:	Agency Action:	
Program is in process of change of ownership; current liability insurance documentation has not been obtained by the new owner.	Compliance Plan	
New owner will need to submit proof of current liability insurance.	Suggested Completion Date:	Actual Completion Date:
Correction: New owner submitted proof of current liability insurance.	02/09/2024	02/09/2024
	Status: Corrected	

53. If transportation is provided, does the program have proof of liability insurance for the vehicle(s) used to transport children? 67:42:17:45

Corrections To Be Made:	Agency Action:	
Program is in process of change of ownership, current vehicle insurance has not been obtained by the new owner.	Compliance Plan	
New owner will need to submit proof of current vehicle insurance.	Suggested Completion Date:	Actual Completion Date:
Correction: New owner submitted proof of current vehicle insurance.	02/09/2024	02/09/2024
	Status: Corrected	

Chaise Ericks

Provider Signature

02/01/2024

Date

Andrea Neff

Inspector Signature

02/01/2024

Date