

# Program Inspection Compliance Plan

Provider's Name: **Bright Beginnings Chilcare & Learning Center**

City: **Aberdeen**

Provider Number: **011102449**

Inspector: **Julie Hermansen**

Date of Inspection: **10/30/2024**

Time of Inspection: **1:27 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> <ul style="list-style-type: none"> <li><b>MA - Immunization Records</b></li> <li><b>EB - Immunization Records</b></li> <li><b>TB - Immunization Records</b></li> <li><b>ZE - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission</b></li> <li><b>EF - Immunization Records</b></li> <li><b>LG - Immunization Records</b></li> <li><b>LG - Immunization Records</b></li> <li><b>OG - Immunization Records</b></li> <li><b>CH - Immunization Records</b></li> <li><b>AK - Immunization Records</b></li> <li><b>WM - Immunization Records</b></li> <li><b>GP - Immunization Records</b></li> <li><b>TP - Immunization Records</b></li> <li><b>BR - Immunization Records</b></li> <li><b>BS - Immunization Records</b></li> <li><b>CS - Immunization Records</b></li> <li><b>IW - Immunization Records</b></li> <li><b>BW - Immunization Records</b></li> </ul>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>11/30/2024</b></td> <td style="text-align: center;"><b>12/30/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/30/2024</b>	<b>12/30/2024</b>
Suggested Completion Date:	Actual Completion Date:				
<b>11/30/2024</b>	<b>12/30/2024</b>				

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

Corrections To Be Made:

- MF - FBI Check**
- DG - Training**
- CH - Training**
- BJ - Five Year Screen, Training**
- MJ - CPR, Training**
- DN - Five Year Screen**
- KS - Training**
- JS - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**
- KW - Orientation Complete**

Agency Action:

**Compliance Plan**

Suggested Completion Date:	Actual Completion Date:
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<b>11/30/2024</b>	<b>12/30/2024</b>
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Status: **Corrected**

**Krista Smith**

Provider Signature

**10/30/2024**

Date

**Julie Hermansen**

Inspector Signature

**10/30/2024**

Date