Program Inspection
Compliance Plan

Provider's Name:	**Manda's Munchkins**	City:	**Elk Point**	Provider Number:	**018042795**
Inspector:	**Rita Trager**	Date of Inspection:	**04/04/2024**	Time of Inspection:	**7:22 AM**

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

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

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

Corrections To Be Made:

PB - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
05/04/2024	**04/05/2024**

Status: **Corrected**

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

Corrections To Be Made:

AA - CPR, Training
NB - DCI Check
AC - CPR, Training
MR - CPR, Training
ES - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
LT - CPR, Training

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
05/04/2024	**05/02/2024**

Status: **Corrected**

Amanda Abraham	**04/04/2024**	**Rita Trager**	**04/04/2024**
Provider Signature	Date	Inspector Signature	Date