

# Program Inspection Compliance Plan

Provider's Name: **Lil' Bug's Learning Center**

City: **Dell Rapids**

Provider Number: **018042957**

Inspector: **Chandra VanHout**

Date of Inspection: **04/22/2024**

Time of Inspection: **11:02 AM**

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

## A. Staff-Child Ratio and Supervision of Children

5. For child care programs - Are children supervised at all times, including during outdoor play, by seeing or hearing? 67:42:17:20

<p>Corrections To Be Made:</p> <p><b>The nap area in the infant room did not include visual supervision with an open doorway or window.</b></p> <p><b>To ensure both visual and auditory supervision is provided, all separate infant and toddler nap rooms are to have a window, open door, or video camera monitor for sight, and an open doorway or a monitor for hearing.</b></p> <p><b>The program opened the window curtains to allow for visual supervision.</b></p>	<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>04/22/2024</b></td> <td style="text-align: center;"><b>04/22/2024</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>04/22/2024</b>	<b>04/22/2024</b>
Suggested Completion Date:	Actual Completion Date:				
<b>04/22/2024</b>	<b>04/22/2024</b>				

## 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:	Agency Action:	
<b>A child with a known food allergy has a written plan but a staff member was not aware of it at the time of the inspection.</b>	<b>Compliance Plan</b>	
<b>A child with a known food allergy must have a detailed treatment plan to be implemented if the child has an allergic reaction.</b>	Suggested Completion Date:	Actual Completion Date:
<b>The allergy plan was reviewed with all providers.</b>	<b>04/29/2024</b>	<b>06/02/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>RM - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>05/13/2024</b>	<b>06/11/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>MD - Out Of State, Orientation Complete</b>	<b>Compliance Plan</b>	
<b>HJ - CPR</b>	Suggested Completion Date:	Actual Completion Date:
<b>BK - Level II Complete</b>	<b>05/13/2024</b>	<b>06/11/2024</b>
<b>AK - FBI Check</b>	Status: <b>Corrected</b>	
<b>ML - Orientation Complete</b>		
<b>CN - Orientation Complete</b>		
<b>JP - Out Of State</b>		
<b>RS - CPR</b>		

Heidi Anderson  
Provider Signature

04/22/2024  
Date

Chandra VanHout  
Inspector Signature

04/22/2024  
Date