

Program Inspection Compliance Plan

Provider's Name: **Nana's Loved Bugs Day care**

City: **Harrisburg**

Provider Number: **018043179**

Inspector: **Teri Pieters**

Date of Inspection: **09/16/2024**

Time of Inspection: **8:26 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

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

<p>Corrections To Be Made:</p> <p>MB - Immunization Records AJ - Immunization Records PM - Immunization Records HV - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">10/20/2024</td> <td style="text-align: center;">09/19/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/20/2024	09/19/2024
Suggested Completion Date:	Actual Completion Date:				
10/20/2024	09/19/2024				

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

<p>Corrections To Be Made:</p> <p>JG - Level II Complete LJ - CPR ES - C A/N Report Statement, CPR, Training</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">10/20/2024</td> <td style="text-align: center;">10/17/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/20/2024	10/17/2024
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10/20/2024	10/17/2024				

Michelle Niemi

10/17/2024

Provider Signature

Date

Teri Pieters

10/17/2024

Inspector Signature

Date