

# Program Inspection Compliance Plan

Provider's Name: **Vibrant Learning Center**

City: **Sioux Falls**

Provider Number: **018043222**

Inspector: **Teri Pieters**

Date of Inspection: **08/23/2024**

Time of Inspection: **8:45 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

Corrections To Be Made:

**RJ - Immunization Records  
CW - Immunization Records**

Agency Action:

### **Compliance Plan**

Suggested  
Completion  
Date:

**08/23/2024**

Actual  
Completion  
Date:

**08/23/2024**

Status: **Corrected Immediately**

## E. Written Procedures

51. Are all providers and provider assistants knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins? 67:42:17:43

Corrections To Be Made:

**Not all providers were not knowledgeable on the emergency preparedness and response plan and what to do in the event of a fire, tornado or lock down.**

**All providers and provider assistants must be knowledgeable on the emergency preparedness and response plan.**

**Correction: The administration conducted training for all staff on fire, tornado, and lockdown emergency preparedness. All providers signed an acknowledgement statement confirming their understanding of the emergency preparedness and response plan.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**08/23/2024**

**08/23/2024**

Status: **Corrected Immediately**

**Lacey Tebay**

Provider Signature

**08/23/2024**

Date

**Teri Pieters**

Inspector Signature

**08/23/2024**

Date