Program Inspection Licensed Day Care Programs Compliance Plan

| Provider's Name: | Crooks Community (Center | Child Care Ci | ty: | Crooks | Provider Number: | 011515297 |
|------------------|------------------------------|-------------------|-----|------------|---------------------|-----------|
| Inspector: | Denise Ferguson | Date of Inspectic | on: | 07/13/2018 | Time of Inspection: | 10:22 AM |

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

A. Program Activities, Schedule and Environment

2. Are activity plans developed and implemented that offer a variety of activities to meet the needs of various age groups? 67:42:10:10

| Corrections To Be Made: | Agency Action: | | |
|--|----------------------------------|-------------------------------|--|
| Activity plans needed for toddler area | Compliance Plan | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: | |
| | 08/13/2018 | 08/14/2018 | |
| | Status: Correcte | Status: Corrected | |
| | | | |

G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

| Corrections To Be Made: | Agency Action: | |
|--|---|---|
| BS - Three References, Sex Offender Registry Check, Criminal Record Check KS - Timely Orientation ET - Three References | Compliance Plan Suggested Completion Date: 08/13/2018 | Actual Completion Date: 08/14/2018 |
| | Status: Corrected | |

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

| Corrections To Be Made: | Agency Action: | |
|---|----------------------------------|-------------------------------|
| IC - Enrollment Date | Compliance Pla | n |
| TF - Immunization Records KH - Immunization Records RH - Emergency Contact EJ - Immunization Records | Suggested Completion Date: | Actual Completion Date: |
| JN - Immunization Records DR - Emergency Permission, Immunization Records | 08/13/2018 | 08/14/2018 |
| AS - Enrollment Date, Emergency Permission, Immunization Records MS - Immunization Records RS - Enrollment Date | Status: Corrected | |
| | | |

| Melissa Boehrns | 07/13/2018 | Denise Ferguson | 07/13/2018 |
|--------------------|------------|---------------------|------------|
| Provider Signature | Date | Inspector Signature | Date |