

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Little Learners Preschool & Daycare**

City: **Mitchell**

Provider Number: **014512413**

Inspector: **Deb Bigge**

Date of Inspection: **01/29/2020**

Time of Inspection: **1:40 PM**

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

## E. Nutrition and Meal Planning

33. Is a weekly menu posted that records actual food served? 67:42:10:13

Corrections To Be Made:

**Weekly menu needs to be posted in a visible location.**

**\*Menu was posted on information board by front door.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**01/30/2020**

Actual  
Completion  
Date:

**01/30/2020**

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:	
<b>TH - Three References, Timely Orientation, Training</b> <b>MH - Training</b> <b>TJ - Three References</b> <b>DL - Training</b> <b>AL - Three References</b> <b>KL - Training</b> <b>BT - Three References, C A/N Report Statement</b> <b>RV - Three References, C A/N Report Statement</b> <b>TW - CPR, Training</b> <b>KZ - C A/N Report Statement</b>	<b>Compliance Plan</b>  Suggested Completion Date:                      Actual Completion Date: <b>02/12/2020</b> <b>03/02/2020</b>  Status: <b>Corrected</b>	

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:	
<b>DC - Immunization Records</b> <b>AE - Immunization Records</b> <b>EE - Immunization Records</b> <b>KG - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</b> <b>XH - Immunization Records</b> <b>LHE - Immunization Records</b> <b>SH - Immunization Records</b> <b>EJ - Immunization Records</b> <b>TL - Immunization Records</b> <b>LL - Immunization Records</b> <b>JR - Immunization Records</b>	<b>Compliance Plan</b>  Suggested Completion Date:                      Actual Completion Date: <b>02/12/2020</b> <b>03/02/2020</b>  Status: <b>Corrected</b>	

**H. Insurance**

42. Does the facility have documentation the program has current liability insurance coverage? 67:42:16:16

Corrections To Be Made:	Agency Action:	
<b>Verification of current liability insurance is needed.</b>  <b>*Verification of insurance information was received.</b>	<b>Compliance Plan</b>  Suggested Completion Date:                      Actual Completion Date: <b>02/12/2020</b> <b>02/04/2020</b>  Status: <b>Corrected</b>	

**Taysha Wantoch**  
\_\_\_\_\_  
Provider Signature

**01/29/2020**  
\_\_\_\_\_  
Date

**Deb Bigge**  
\_\_\_\_\_  
Inspector Signature

**01/29/2020**  
\_\_\_\_\_  
Date