

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Eagle Nest Learning Center**      City: **Wanblee**      Provider Number: **010605535**  
 Inspector: **Becky Hurst**      Date of Inspection: **10/02/2018**      Time of Inspection: **12:07 PM**

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

5. Do infants have a safe sleep environment? 67:42:11:05

<p>Corrections To Be Made:</p> <p><b>Blankets observed in a pack and play, no child in the pack and play at the time of observation. 12 month old child observed in a crib with a boppy pillow.</b></p> <p><b>CORRECTION: Blankets removed from pack and play. Boppy pillow removed from crib.</b></p> <p><b>CCS is requiring additional training be taken regarding this topic area no later than 11/05/18/.</b></p>	<p>Agency Action:</p> <p><b>Letter of Notification</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>10/02/2018</b></td> <td style="text-align: center;"><b>10/02/2018</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/02/2018</b>	<b>10/02/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>10/02/2018</b>	<b>10/02/2018</b>				

## G. Record Keeping, Posting Information, 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.

<p>Corrections To Be Made:</p> <p><b>MC - Address &amp; Phone Number, Three References, Criminal Record Check, Timely Orientation, Training</b></p> <p><b>PL - Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement, Training</b></p> <p><b>SP - Address &amp; Phone Number, Three References, Central Registry Check, Criminal Record Check, C A/N Report Statement, Timely Orientation, CPR, Training</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>10/09/2018</b></td> <td style="text-align: center;"><b>11/02/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/09/2018</b>	<b>11/02/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>10/09/2018</b>	<b>11/02/2018</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>FB - Emergency Permission</b>	<b>Compliance Plan</b>	
<b>KB - Emergency Permission</b>	Suggested Completion Date:	Actual Completion Date:
<b>KF - Emergency Permission</b>	<b>10/09/2018</b>	<b>10/15/2018</b>
<b>AM - Emergency Permission</b>	Status: <b>Corrected</b>	
<b>TR - Emergency Permission</b>		
<b>TR - Emergency Permission</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>No liability insurance coverage present.</b>	<b>Compliance Plan</b>	
<b>CORRECTION: Liability insurance was submitted and will remain on the premises.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>10/09/2018</b>	<b>10/12/2018</b>
	Status: <b>Corrected</b>	

## Miscellaneous Rule Violations

67:42:11:06.01 - Diaper changing.

Corrections To Be Made:

**Blanket observed to be on the changing table.**

**CORRECTION: Removed blanket and program will use a sanitizer to disinfect the diaper changing area after each use.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**10/02/2018**

**10/02/2018**

Status: **Corrected Immediately**

**Patricia LaMont**

Provider Signature

**10/02/2018**

Date

**Becky Hurst**

Inspector Signature

**10/02/2018**

Date