

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **First Baptist Children's Center** City: **Sioux Falls**

Provider Number: **010602017**

Inspector: **Stacie Ugofsky** Date of Inspection: **04/11/2018**

Time of Inspection: **9:56 AM**

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:

Please post the current menu. Currently the March menu is posted.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

04/11/2018

Actual
Completion
Date:

05/18/2018

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.

<p>Corrections To Be Made:</p> <p>HA - Training IC - Three References NC - Three References KE - Three References AK - Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement, Timely Orientation, CPR VL - Three References, Central Registry Check, Timely Orientation, CPR, Training ML - Three References, Timely Orientation BS - Three References TW - Central Registry Check, Sex Offender Registry Check, Criminal Record Check, Timely Orientation, Training</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>05/11/2018</td> <td>06/01/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	05/11/2018	06/01/2018
Suggested Completion Date:	Actual Completion Date:				
05/11/2018	06/01/2018				

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.

<p>Corrections To Be Made:</p> <p>ME - Immunization Records EK - Immunization Records LW - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>05/11/2018</td> <td>05/18/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	05/11/2018	05/18/2018
Suggested Completion Date:	Actual Completion Date:				
05/11/2018	05/18/2018				

Sheena Christensen
Provider Signature

04/11/2018
Date

Stacie Ugofsky
Inspector Signature

04/11/2018
Date