

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Abiding Savior Under Christs Care**

City: **Sioux Falls**

Provider Number: **010605802**

Inspector: **Stacie Ugofsky**

Date of Inspection: **09/17/2019**

Time of Inspection: **10:30 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

<p>Corrections To Be Made:</p> <p><b>An activity plan was not developed for the school aged rooms.</b></p> <p><b>Activity plans must be developed and implemented that offer a variety of activities to meet the needs of various age groups.</b></p> <p><b>Correction: The activity plans were developed and implemented immediately. The program director will ensure that activity plans are developed and implemented consistently.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%;"> <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>09/20/2019</b></td> <td style="text-align: center;"><b>09/20/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/20/2019</b>	<b>09/20/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>09/20/2019</b>	<b>09/20/2019</b>				

## 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>JC - Training</b>	<b>Compliance Plan</b>	
<b>FF - Timely Orientation, CPR</b>	Suggested Completion Date:	Actual Completion Date:
<b>CG - Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, Timely Orientation, CPR</b>	<b>10/17/2019</b>	<b>10/23/2019</b>
<b>AK - Criminal Record Check, Timely Orientation, CPR</b>	Status: <b>Corrected</b>	
<b>CK - Timely Orientation</b>		
<b>KM - Timely Orientation, CPR</b>		
<b>MM - Training</b>		
<b>AO - Timely Orientation, CPR, Training</b>		
<b>DS - Three References</b>		
<b>RS - Address &amp; Phone Number, Three References, C A/N Report Statement</b>		
<b>KV - Timely Orientation, CPR</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>WK - Immunization Records</b>	<b>Compliance Plan</b>	
<b>JS - Immunization Records</b>	Suggested Completion Date:	Actual Completion Date:
	<b>10/15/2019</b>	<b>10/23/2019</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>Documentation for current liability insurance coverage was not available at the time of the inspection.</b>	<b>Compliance Plan</b>	
<b>Documentation for current liability insurance coverage was submitted to CCS.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>10/01/2019</b>	<b>10/23/2019</b>
	Status: <b>Corrected</b>	

**I. Written Procedures**

44. Does the program have a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; accommodation of infants & toddlers; children with disabilities & children with chronic medical conditions? 67:42:10:10

Corrections To Be Made:	Agency Action:	
<b>The written emergency preparedness plan must include the procedure the program will implement for continuity of operations; accommodations of toddlers and children with disabilities and/or chronic medical conditions.</b>	<b>Compliance Plan</b>	
<b>The program must have a written emergency preparedness plan that outlines all information as outlined in ARSD 67:42:10:10.</b>	Suggested Completion Date:	Actual Completion Date:
<b>The program revised the written emergency preparedness plan to include information regarding the procedure the program will implement for continuity of operations; accommodations of toddlers and children with disabilities and/or chronic medical conditions.</b>	<b>10/01/2019</b>	<b>10/23/2019</b>
	Status: <b>Corrected</b>	

**J. Written Program Policies**

53. Policies related to requirement for storage and administration of medication, including having written parent consent and documentation procedures? 67:42:10:10

Corrections To Be Made:	Agency Action:	
<b>The policy must outline that medications will be stored in an inaccessible location to children.</b>	<b>Compliance Plan</b>	
<b>The written policies must include all information as outlined in ARSD 67:42:10:10.</b>	Suggested Completion Date:	Actual Completion Date:
<b>The program revised the written policies to include information related to the requirement for storage and administration of medications, including having written parent consent and documentation procedures.</b>	<b>10/01/2019</b>	<b>10/23/2019</b>
	Status: <b>Corrected</b>	

Amy Oliver  
Provider Signature

09/17/2019  
Date

Stacie Ugofsky  
Inspector Signature

09/17/2019  
Date