

Family Day Care Inspection Compliance Plan

Provider's Name: **Tiffany Fleming**

City: **Rapid City**

Provider Number: **010608610**

Inspector: **Robert Weig**

Date of Inspection: **10/29/2019**

Time of Inspection: **9:30 AM**

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

B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

<p>Corrections To Be Made:</p> <p>RD - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission AF - Immunization Records KG - Immunization Records AJ - Immunization Records JP - Immunization Records XS - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;">11/10/2019</td> <td style="text-align: right;">11/26/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/10/2019	11/26/2019
Suggested Completion Date:	Actual Completion Date:				
11/10/2019	11/26/2019				

32. Do provider and helper records contain all required information? 67:42:03:07.03

<p>Corrections To Be Made:</p> <p>CF - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement, CPR, Training TF - CPR, Training</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;">11/10/2019</td> <td style="text-align: right;">11/26/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/10/2019	11/26/2019
Suggested Completion Date:	Actual Completion Date:				
11/10/2019	11/26/2019				

34. Has the provider completed six hours of training in at least three topic areas in the past year? Of those hours, only three are limited to reading or watching TV or video etc. 67:42:03:07.02

Corrections To Be Made:	Agency Action:	
Provider had not completed 6 hours of training for the calender year of 2018. Helper must complete 6 hours of training in 3 different training categories.	Compliance Plan	
*Provider completed training hours and submitted verification.	Suggested Completion Date:	Actual Completion Date:
	11/10/2019	11/25/2019
	Status: Corrected	

36. Have all helpers completed six hours of training in at least three seperate topic areas in the past year?
67:42:03:07.02

Corrections To Be Made:	Agency Action:	
Helper had not completed 6 hours of training for the calender year of 2018. Helper must complete 6 hours of training in 3 different training categories.	Compliance Plan	
*Helper completed training hours and submitted verification.	Suggested Completion Date:	Actual Completion Date:
	11/10/2019	11/25/2019
	Status: Corrected	

37. Does the provider have a current CPR certification? 67:42:03:07.02

Corrections To Be Made:	Agency Action:	
Provider's CPR expired. CPR must be current at all times.	Compliance Plan	
*Provider took CPR and recertified.	Suggested Completion Date:	Actual Completion Date:
	11/10/2019	11/25/2019
	Status: Corrected	

38. Do the helpers have current CPR certification? 67:42:03:07.02

Corrections To Be Made:	Agency Action:	
Helper's CPR was expired. CPR must be current all times.	Compliance Plan	
*Helper took a CPR class and recertified in CPR.	Suggested Completion Date:	Actual Completion Date:
	11/10/2019	11/25/2019
	Status: Corrected	

42. Does the provider have documentation showing four fire drills and one tornado drill was conducted in the past year? 67:42:03:11.03

Corrections To Be Made:	Agency Action:	
Only 2 fire drills were completed in 2018. Four fire drills and one tornado drill must be completed each year.	Compliance Plan	
*Provider sent in documentation of drills for 2019. She has completed all of the drills and understands that 4 fire drills and one tornado drill must be completed annually.	Suggested Completion Date:	Actual Completion Date:
	12/31/2019	11/26/2019
	Status: Corrected	

C. Health & Safety Features of the Home - Indoor Environmental Observations

51. Does the provider sanitize the diaper change area with a solution of the appropriate bleach to water ratio or use an approved sanitizer? 67:42:03:12

Corrections To Be Made:	Agency Action:	
Provider was using scented bleach. Provider must use regular bleach with the appropriate bleach solution for sanitizing.	Compliance Plan	
*Provider purchased regular bleach and verified with CCS that she is using the correct solution for sanitizing.	Suggested Completion Date:	Actual Completion Date:
	11/10/2019	11/08/2019
	Status: Corrected	

56. Is soft bedding that could pose a suffocation hazard removed from the infant sleep environment?
67:42:03:23

<p>Corrections To Be Made:</p> <p>Safe Sleep - a safe sleep environment was not utilized for an infant/s in care. A child was sleeping in a bouncer seat with a blanket. Provider was directed to immediately removed the blanket. A letter of notification was issued.</p> <p>The Provider will obtain additional training on this topic no later than November 15, 2019.</p> <p>*November 26, 2019 - Provider completed the required training and sent in a statement regarding safe sleep practices. She stated that she understands that children under the age of 1, no matter where they sleep, can not have loose bedding.</p>	<p>Agency Action:</p> <p>Letter of Notification</p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>10/29/2019</td> <td>10/29/2019</td> </tr> </table> <p>Status: Corrected Immediately</p>	Suggested Completion Date:	Actual Completion Date:	10/29/2019	10/29/2019
Suggested Completion Date:	Actual Completion Date:				
10/29/2019	10/29/2019				

D. Health & Safety Features of the Home - Outdoor Environmental Observations

90. Did the Provider obtain orientation training in the topic of child development by 11/30/2018?

<p>Corrections To Be Made:</p> <p>Provider was to complete child development training by 11-20-18. Provider did not have verification of the training.</p> <p>*Provider submitted the completion certificate of child development to CCS.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>11/10/2019</td> <td>11/08/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/10/2019	11/08/2019
Suggested Completion Date:	Actual Completion Date:				
11/10/2019	11/08/2019				

Tiffany Fleming
Provider Signature

10/29/2019
Date

Robert Weig
Inspector Signature

10/29/2019
Date