

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Harmony Childcare & Preschool II**

City: **Rapid City**

Provider Number: **016597954**

Inspector: **Lori Janssen**

Date of Inspection: **02/04/2020**

Time of Inspection: **8:37 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

Corrections To Be Made:

The program does not have an activity plan for each age group/classroom to include infants. Develop activity plans for each developmental level of children attending the program.

Correction: Program developed activity plans.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

02/07/2020

Actual
Completion
Date:

02/06/2020

Status: **Corrected**

8. Does the program have a written daily schedule? 67:42:10:10

Corrections To Be Made:

The program does not have daily schedule for each age group of children. Develop a written daily schedule.

Correction: The program developed written plans.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

02/07/2020

Actual
Completion
Date:

02/06/2020

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: | |
| SJ - Three References | Compliance Plan | |
| KM - C A/N Report Statement | | |
| TM - Three References, Timely Orientation, CPR, Training | Suggested Completion Date: | Actual Completion Date: |
| BR - Three References | 02/18/2020 | 02/13/2020 |
| RS - CPR, Training | Status: Corrected | |

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.

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|----------------------------------|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| MA - Immunization Records | Compliance Plan | |
| JI - Immunization Records | | |
| GS - Emergency Permission | Suggested Completion Date: | Actual Completion Date: |
| | 02/18/2020 | 02/10/2020 |
| | Status: Corrected | |

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:

The program does not have an emergency preparedness plan and needs to develop a written plan.

Correction: The program developed a written plan.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

02/07/2020

Actual
Completion
Date:

02/13/2020

Status: **Corrected**

Brandie Richter

Provider Signature

02/04/2020

Date

Lori Janssen

Inspector Signature

02/04/2020

Date