Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: Gimme A Break City: Sioux Falls Provider Number: 018041901

Inspector: Rita Trager Date of Inspection: 02/22/2019 Time of Inspection: 7:49 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: Agency Action:

Activity plan to be developed and implemented. *Activity plan observed on 03/20/19

Compliance Plan

Suggested Actual
Completion Completion
Date: Date:

03/15/2019 03/20/2019

Status: Corrected

4. Is there a balance of active and quiet activities, individual and group activities, as well as indoor and outdoor activities? 67:42:10:10

Corrections To Be Made: Agency Action:

Activity plan to be developed and implemented *Activity plan observed on 03/20/19

Compliance Plan

Suggested Actual
Completion Completion
Date: Date:

03/15/2019 03/20/2019

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: Compliance Plan LB - CPR, Training TJ - C A/N Report Statement Suggested Actual **BL** - Training Completion Completion SP - CPR, Training Date: Date: JS - Training JS - Criminal Record Check, Timely Orientation, Training 03/15/2019 03/20/2019 **BS** - 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.

Corrections To Be Made: Agency Action: **Compliance Plan LH - Immunization Records TK - Immunization Records** Suggested Actual **LK - Immunization Records** Completion Completion **DK - Emergency Contact** Date: Date: **DLSH - Immunization Records** LL - Immunization Records 03/28/2019 03/20/2019 JN - Immunization Records **AN - Emergency Contact, Immunization Records** AS - Emergency Contact, Immunization Records KS - Emergency Contact, Immunization Records RY - Immunization Records Status: Corrected

Lindsey Babekuhl	02/22/2019	Rita Trager	02/22/2019
Provider Signature	Date	Inspector Signature	Date