

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Stepping Stones**

City: **Yankton**

Provider Number: **019522405**

Inspector: **Stacie Ugofsky**

Date of Inspection: **05/09/2018**

Time of Inspection: **9:00 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:

Current Activity plan was not completed for the following rooms: 1-1 1/2 years; 3-4 year old and Preschool rooms.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

05/13/2019

Actual
Completion
Date:

06/20/2018

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.

Corrections To Be Made:	Agency Action:
SK - Sex Offender Registry Check, Criminal Record Check, Timely Orientation, Training MM - Timely Orientation, CPR AO - Timely Orientation KO - Timely Orientation, CPR SO - Criminal Record Check, Timely Orientation HP - Training CP - Criminal Record Check PS - Criminal Record Check JW - Criminal Record Check	Compliance Plan Suggested Completion Date: 06/09/2018 Actual Completion Date: 06/20/2018 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:
EB - Immunization Records KB - Immunization Records AC - Immunization Records AD - Immunization Records BG - Immunization Records EG - Immunization Records JG - Immunization Records CH - Immunization Records MH - Immunization Records CK - Information Sheet CK - Immunization Records EK - Immunization Records MK - Immunization Records AL - Immunization Records BL - Immunization Records TM - Immunization Records ZP - Immunization Records AP - Immunization Records FT - Immunization Records TT - Immunization Records	Compliance Plan Suggested Completion Date: 06/09/2018 Actual Completion Date: 06/20/2018 Status: Corrected

Hollie Pearson
Provider Signature

05/10/2018
Date

Stacie Ugofsky
Inspector Signature

05/10/2018
Date