

Family Day Care Inspection Compliance Plan

Provider's Name: **Kristen Gilbery**

City: **Yankton**

Provider Number: **019522900**

Inspector: **Stacie Ugofsky**

Date of Inspection: **07/24/2020**

Time of Inspection: **9:53 AM**

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

A. Provider's Practices/Maximum Capacity/Care of Children

27. Are menus posted and retained for 6 months following the week it was prepared for? 67:42:03:13

| | | | | | |
|--|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p>A current menu was not posted.</p> <p>A menu must be posted and retained for 6 months following the week it was prepared for.</p> <p>Correction: The provider submitted the most current menu and will ensure that menus are posted and retained for 6 months following the week it was prepared for.</p> | <p>Agency Action:</p> <p>Compliance Plan</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>07/27/2020</td> <td>08/27/2020</td> </tr> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 07/27/2020 | 08/27/2020 |
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 07/27/2020 | 08/27/2020 | | | | |

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>TJ - Immunization Records</p> <p>ST - Immunization Records</p> <p>AW - Immunization Records</p> | <p>Agency Action:</p> <p>Compliance Plan</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>08/15/2020</td> <td>09/01/2020</td> </tr> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 08/15/2020 | 09/01/2020 |
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 08/15/2020 | 09/01/2020 | | | | |

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

| | | |
|---------------------------|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| AG - CPR | Compliance Plan | |
| BG - CPR, Training | Suggested Completion Date: | Actual Completion Date: |
| HG - CPR | 08/15/2020 | 09/15/2020 |
| KG - CPR, Training | Status: Corrected | |
| AW - Training | | |

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: | |
| Documentation for 2019 training that the provider took equalled 5.5 hours rather than 6 hours. | Compliance Plan | |
| The provider must complete 6 hours training annually. | Suggested Completion Date: | Actual Completion Date: |
| Correction: The provider completed .5 hours training for 2019 and has a plan to complete 6 hours training by December, 2020. | 08/15/2020 | 09/15/2020 |
| | 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: | |
| AW, HG. and BG must complete 6 hours training for 2019. | Compliance Plan | |
| All helpers must complete six hours of training annually. | Suggested Completion Date: | Actual Completion Date: |
| Correction: All registered helpers completed 6 hours training for 2019 and have a plan to complete 6 hours training by December 30, 2020. | 08/15/2020 | 09/15/2020 |
| | Status: Corrected | |

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

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|--|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| Current documentation for CPR certification was not available for the provider. | Compliance Plan | |
| The provider must have current CPR certification. | Suggested Completion Date: | Actual Completion Date: |
| Correction: The provider completed CPR certification. | 08/24/2020 | 09/15/2020 |
| | Status: Corrected | |

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

| | | |
|--|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| Current documentation for CPR certification for HW, BW and AG was not available. | Compliance Plan | |
| All helpers must have current CPR certification. | Suggested Completion Date: | Actual Completion Date: |
| Correction: AG and HW completed CPR certification. BW did not complete CPR certification and will not care for children until she does. | 08/24/2020 | 09/15/2020 |
| | Status: Corrected | |

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

60. Are frozen foods kept at a temperature of 0 degrees F or below? 67:42:03:11.08

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|---|--------------------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| The freezer temperature measured at 8 degrees F. | Compliance Plan | |
| The frozen foods must be kept at a temperature of 0 degrees F or below. | Suggested Completion Date: | Actual Completion Date: |
| Correction: The provider adjusted the freezer temperature gauge during the inspection and will continue to monitor the temperature to ensure frozen foods are maintained 0 degrees or lower. | 07/24/2020 | 07/24/2020 |
| | Status: Corrected Immediately | |

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

85. If there is a trampoline, is it inaccessible to the children? 67:42:03:21

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|--|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| The trampoline was not inaccessible to children during the inspection. | Compliance Plan | |
| The trampoline must be inaccessible to children. | Suggested Completion Date: | Actual Completion Date: |
| Correction: The provider removed the trampoline to ensure it is inaccessible to children. | 08/24/2020 | 08/20/2020 |
| | Status: Corrected | |

Stacie Ugofsky

Provider Signature

07/24/2020

Date

Stacie Ugofsky

Inspector Signature

07/24/2020

Date