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|------------------|---|--------|--------|
| Date Issued | July 18, 2025 | Status | Closed |
| Provider Name | <u>BLOOM & GROW ACADEMY</u> | | |
| Provider ID | <u>018043120</u> | | |
| Provider Address | <u>451 Shadow Creek Dr, Harrisburg, SD 57032, USA</u> | | |
| Provider Contact | <u>Crystal Carlson</u> | | |

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

Compliance Plan Action #1

Administrative Rule:

67:42:17:26

A nap mat, blanket, or other sleep surface, other than the floor, for children over one year of age must be available for each child during nap time.

A sleep surface must be maintained in good repair.

A provider shall follow the safe sleep practices contained in **Caring for Our Children: National Health and Safety Performance Standards, 4th Edition**, for infants under the age of one.

Summary of Non-Compliance Finding:

During a complaint investigation conducted by the Office of Licensing & Accreditation on June 23, 2025, it was determined that a provider positioned an infant on their stomach for the purpose of napping.

Corrections to be Made:

A provider shall follow the safe sleep practices contained in Caring for Our Children: National Health and Safety Performance Standards, 4th Edition, for infants under the age of one, including placing children under one year of age on their back to sleep.

All providers who work with infants will complete the Health & Safety Level 2 Safe Sleep Training Module and submit documentation of completion to the Office of Licensing & Accreditation (OLA) by July 31, 2025.

Corrections Made:

The management team reviewed the safe sleep policy with all providers, posted visual reminders throughout the classroom, and assigned designated staff to cover breaks for regular caregivers. Verification of completion of the Health & Safety Level 2 Safe Sleep Training for infant caregivers has been submitted to the Office of Licensing and Accreditation.

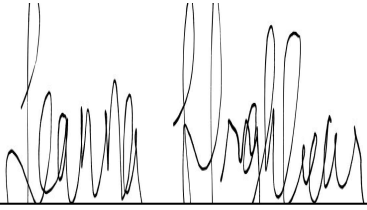
Anticipated Completion Date:
July 31, 2025

Date Completed:
July 25, 2025

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

LeAnna High Bear

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

July 18, 2025

Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Teri Pieters

Printed Name of DSS Staff



7/25/2025, 11:42:55 AM

Signature of DSS Staff:

July 18, 2025

Date
