Program Inspection

Provider's Name: **Stepping Stones Montrose** City: **Montrose** Provider Number: **014512580**

Inspector: **Deb Bigge** Date of Inspection: **08/09/2024** Time of Inspection: **8:32 AM**

Yes	No	NA	A. Staff-Child Ratio and Supervision of Children
⦿	○	○	1. Is the staff to child ratio maintained at all times, including during indoor and outdoor play? 67:42:17:21 N ote : Ratio is 1 staff to every 5 children age birth up to 3 years; 1 staff to every 10 children ages 3 and 4 years; and 1 staff to every 15 children 5 years and over.
○	○	⦿	2. For a program licensed to serve more than 20 children , is the ratio for the mixed age group maintained? 67:42:17:22 Note: In a mixed age group where there are three or more children under the age of three, a ratio of 5 children to 1 staff must be maintained. In all other mixed age group circumstances, the staff to child ratio is based on the age range of the majority of children in the group.
⦿	○	○	3. For a program licensed to serve 20 children or less , is a ratio of ten children to one provider maintained in a mixed age grouping? 67:42:17:22 Note: Each provider may care for a maximum of four children under the age of two, with no more than two children under the age of one.
⦿	○	○	4. Are individual room capacities maintained, which was determined during the floor plan review? In spaces where there are more than 20 children, can the providers identify which children each provider is responsible to supervise? 67:42:17:19 Note: When room capacity does not align with the ratio requirements, a maximum of three additional children may be included in the room capacity as long as the ratios are maintained.
⦿	○	○	5. For child care programs - Are children supervised at all times, including during outdoor play, by seeing or hearing? 67:42:17:20
○	○	⦿	6. For school age care programs - Are children supervised at all times, including during outdoor play, by seeing or hearing, with a provider close enough to intervene? 67:42:17:20
○	○	⦿	7. If nighttime care is provided, are providers awake and alert to the needs of children? 67:42:17:48
⦿	○	○	8. Do providers and assistants demonstrate and maintain the ability to provide care that attends to the child ' s physical growth and development and to the physical, emotional, cognitive, and social needs of the child? 67:42:17:10 ; 67:42:17:11

Yes	No	NA	B. Provider Practices
⊙	○	○	9. D o behavior management strategies used with children in care offer limits with positive guidance and direction, and assist with developing self-control and respect for the rights of others? 67:42:17:41
⊙	○	○	10. Are behavior management techniques appropriate to the child ' s age and development level and do they include strategies to prevent shaken baby syndrome and abusive head trauma? 67:42:17:41
⊙	○	○	11. Are children never punished by any type of physical discipline; verbal abuse; humiliating punishment; restriction of movement; isolating the child in an area where they cannot be seen or supervised; withholding or forcing of meals, snacks, naps, or outdoor time; punishment for a lapse in toilet training; demanding excessive rest or physical exercise; use of substances such as soap, pepper, or hot sauce; or delegating discipline to other children in care? 67:42:17:41 Note: A provider may not utilize prohibited discipline techniques with their own child in care while working at the program.
⊙	○	○	12. Are infants fed according to their individual schedule and bottles are not propped? 67:42:17:31
⊙	○	○	13. For children under one year of age, are safe sleep recommendations provided by the American Academy of Pediatrics followed which includes: placing infants on their back to sleep using a firm, flat, non-inclined sleep surface, and infants are not placed to sleep in equipment such as swings, bouncy seats, car seats, etc.? 67:42:17:26
⊙	○	○	14. For children under one year of age, is the sleep area free of soft objects and bedding including loose blankets, pillows, stuffed animals, bumper pads, sleep positioning devices, bibs, etc.? 67:42:17:26
⊙	○	○	15. Is written consent obtained from each child ' s parent before administering all prescription and non-prescription medication? Does the consent include the child ' s name, name of medication and the dates, times, and dosage of the medication to be administered? 67:42:17:27
⊙	○	○	16. Is medication administered to each child documented, which includes the child ' s name, dose, time, date given, and name of the individual administering the medication? 67:42:17:27
⊙	○	○	17. Is the medication documentation maintained for six months? 67:42:17:27
⊙	○	○	18. A re medications provided by the parent kept in their original container with the original label? For prescription medications, does the label include the child ' s name, instructions including the amount and frequency, expiration date, and physician or licensed practitioner ' s name? 67:42:17:27
⊙	○	○	19. Are medications returned to the parent when no longer needed or the medication has expired? 67:42:17:27

⊙	○	○	20. Are medications stored out of reach from children and placed in a non-absorbent container labeled medication if refrigeration is required? 67:42:17:28
⊙	○	○	21. Are children who become ill while in care separated from other children, yet supervised, and parents notified of the illness? 67:42:17:24
⊙	○	○	22. Does the provider report to the Department of Health when a child in care contracts a communicable disease and follow their recommendations? 67:42:17:24
⊙	○	○	23. Do providers and assistants comply with their legal responsibility to immediately report any suspicion of child abuse and neglect to child protective services, law enforcement or the State ' s Attorney ' s office? 67:42:17:47
⊙	○	○	24. Does the provider comply with their responsibility to report to the Office of Licensing & Accreditation within 24 hours any incidents or changes in circumstances that may affect their ability to meet licensing requirements? 67:42:17:06 Note: This includes but is not limited to a new director, use of space not yet approved, renovating of space used, damage to the building, change in location or ownership, involvement with child protective services or law enforcement, serious injury that requires medical attention or dental care or death of child in care, etc.
⊙	○	○	25. Are child and family information, records, and photos kept confidential and not released to unauthorized individuals? Is written parental consent obtained before publicly sharing information, including photos? 67:42:17:16
⊙	○	○	26. Are parents allowed to enter the program at any time to observe their child when present unless the provider has a copy of the court order restricting access to a parent? 67:42:17:49
⊙	○	○	27. Are parents immediately notified regarding any serious injuries their child receives while under the care of the provider? 67:42:17:49
⊙	○	○	28. Are parents notified within 24 hours of any changes with the provider ' s license such as suspension, revocation, closure, change of location, or change of ownership? 67:42:17:49

Yes	No	NA	C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications
⊙	○	○	29. Is the program Certificate of License posted in a visible location? SDCL 26-6-13
⊙	○	○	30. Does the program only use space that has been approved for care? 67:42:17:19
⊙	○	○	31. Does the provider ensure that the number of children in care does not exceed the total capacity identified on the license? 67:42:17:19

○	⊙	○	32. Does the provider have a weekly menu posted, which includes meals and snacks to be served each week? 67:42:17:30
○	○	⊙	33. If a child in care has a known food allergy, does the provider have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction? 67:42:17:29
○	⊙	○	34. Does the provider have documentation showing two fire evacuation drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year? 67:42:17:43
○	⊙	○	35. Does each child ' s record contain all required information? 67:42:17:42
⊙	○	○	36. Do children ' s records include names of authorized individuals to pick up the children; health information including allergies or special needs; start and end date of enrollment? 67:42:17:42
⊙	○	○	37. Are the attendance records maintained for all children in care? 67:42:17:42
⊙	○	○	38. Does the provider review and update all children ' s records annually? 67:42:17:42
○	⊙	○	39. Do employee records contain all required information? 67:42:17:15
⊙	○	○	40. Does the provider review and update all employee records annually? 67:42:17:15
⊙	○	○	41. Are employee records retained for six months after employment has ended? 67:42:17:15
⊙	○	○	42. Have providers and assistants completed orientation training within 90 days after the date of employment and before caring for children unsupervised? 67:42:17:17
⊙	○	○	43. Are provider assistants at least 14 years old? 67:42:17:11
⊙	○	○	44. Are provider assistants who are less than 18 years old under the direct supervision of a provider, program director or individual responsible for planning and implementing the program? 67:42:17:11
⊙	○	○	45. Is the individual responsible for planning and implementing the program at least 18 years of age and is the required education or work experience maintained? 67:42:17:09

Yes	No	NA	**D. Transportation**
⊙	○	○	46. If transporting children, is written permission from each child ' s parent obtained? 67:42:17:45

⦿	○	○	47. If transporting children, is the driver of the vehicle at least 18 years of age and have a valid driver ' s license? 67:42:17:45
⦿	○	○	48. If transporting children, is the vehicle ' s passenger capacity adhered to? 67:42:17:45
⦿	○	○	49. If transporting children, is each child who is under age 5 and/or less than 40 pounds, secured in a child passenger restraint system; and children 5 years of age and older, and over 40 pounds, secured in a seat belt as required by SDCL 26-6-16? 67:42:17:45

Yes	No	NA	E. Written Procedures
⦿	○	○	50. Is there 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; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43
⦿	○	○	51. Are all providers and provider assistants knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins? 67:42:17:43

Yes	No	NA	F. Insurance
⦿	○	○	52. Does the program have proof of current liability insurance? 67:42:17:43
⦿	○	○	53. If transportation is provided, does the program have proof of liability insurance for the vehicle(s) used to transport children? 67:42:17:45