

# Program Inspection Compliance Plan

Provider's Name: **Redeeming Roots**

City: **Yankton**

Provider Number: **014512626**

Inspector: **Deb Bigge**

Date of Inspection: **09/04/2024**

Time of Inspection: **10:23 AM**

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

## Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

35. Does each child 's record contain all required information? 67:42:17:42

Corrections To Be Made:

**CS - Immunization Records  
IS - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**09/11/2024**

Actual  
Completion  
Date:

**09/11/2024**

Status: **Corrected**

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

**JF - Address & Phone Number, C A/N Report Statement  
KF - Address & Phone Number, Out Of State, C A/N Report Statement  
KF - Orientation Complete, Level II Complete, CPR, Training  
HH - C A/N Report Statement  
BK - C A/N Report Statement  
AW - Out Of State  
SW - Orientation Complete, Training**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**09/11/2024**

Actual  
Completion  
Date:

**10/15/2024**

Status: **Corrected**

## 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

Corrections To Be Made:	Agency Action:	
<b>An emergency preparedness plan was not on file.</b>	<b>Compliance Plan</b>	
<b>An emergency preparedness plan is needed which addresses all issues noted above.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Verification was received of a completed plan.</b>	<b>09/11/2024</b>	<b>10/04/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>The emergency preparedness plan is in the process of being completed.</b>	<b>Compliance Plan</b>	
<b>All providers and provider assistants need to receive training on the plan.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Verification was received that training was completed with all providers and provider assistants.</b>	<b>09/11/2024</b>	<b>09/16/2024</b>
	Status: <b>Corrected</b>	

## F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:

**Verification of liability insurance was not available at the time of inspection.**

**Proof of current liability insurance is needed.**

**Verification of liability insurance coverage was received.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**09/11/2024**

**10/21/2024**

Status: **Corrected**

**Savannah Wise**

Provider Signature

**09/04/2024**

Date

**Deb Bigge**

Inspector Signature

**09/04/2024**

Date