

## Program Inspection Informal Provider

Provider's Name: **Christine Bryant-Hendrix**

City: **Sioux Falls**

Provider Number: **018043233**

Inspector: **Teri Pieters**

Date of Inspection: **10/31/2024**

Time of Inspection: **12:04 PM**

- | Yes  | No                       | NA                                  |   |
|--|--------------------------|-------------------------------------|---|
| <b>A. Training requirements</b>  |                          |                                     |   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> |                                     | 1. Provider is currently certified in infant-child CPR? 67:47:01:13.01  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> |                                     | 2. Provider has completed orientation training within the required timeframe or three hours of annual training 67:47:01:13.01   |
| <b>B. Prevention and control of infectious diseases</b>                                |                          |                                     |   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> |                                     | 3. Hand washing and sanitation techniques are used to reduce the spread of disease and infection 67:47:01:13.01   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> |                                     | 4. Immunization records verify that children in care meet the Department of Health's immunization standards 67:47:01:13.01  |
| <b>C. Prevention of sudden infant death syndrome and use of safe sleep practices</b>   |                          |                                     |   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Soft bedding (blankets and pillows) is removed from infant sleep environments; infants are placed on their back to sleep 67:47:01:13.01  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Infants are held while being bottle fed 67:47:01:13.01   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> |                                     | 7. 7. When children are in care during the day, provider remains awake and alert to children's needs 67:47:01:13.01   |
| <b>D. Administration of Medication</b>   |                          |                                     |   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> |                                     | 8. Medications are kept in their original container and have legible directions, expiration dates; prescription medications containers also contain doctor and child's name. 67:47:01:13.01 |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> |                                     | 9. Medications are inaccessible to children 67:47:01:13.01  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> |                                     | 10. Written parental permission is obtained for administering medications 67:47:01:13.01  |
| <b>E. Prevention of and response to emergencies due to food and allergic reactions</b> |                          |                                     |   |

11. Provider understands the need to ensure any food allergy requirements of the children in care are adhered to and proper procedures in case of an emergency 67:47:01:13.01

Yes No NA **F. Building and physical premises safety**

12. Fire arms, ammunition, matches, lighters and archery equipment are inaccessible to children 67:47:01:13.01

13. Storm windows and screens are easily opened to allow for evacuation in the event of a fire 67:47:01:13.01

14. Doors and windows are in good repair 67:47:01:13.01

15. Electrical wall outlets are covered when children under age 4 are in care 67:47:01:13.01

16. Fuel-fired room heaters are vented to the outside 67:47:01:13.01

17. Home is clean and free of litter and rubbish 67:47:01:13.01

18. Food storage and preparation areas are clean 67:47:01:13.01

19. The outside play area is free of litter, trash, weeds and has protection from hazards that can cause bodily injury such as bodies of water and vehicular traffic 67:47:01:13.01

20. The temperature of the home is appropriate to meet the needs of children in care 67:47:01:13.01

Yes No NA **G. Prevention of shaken baby syndrome and abusive head trauma**

21. Physical, humiliating, or frightening punishment such as spanking, shaking, or hitting, are not used 67:47:01:13.01

Yes No NA **H. Emergency preparedness and response planning for emergencies resulting from a natural disaster or mancaused event**

22. Emergency evacuation plan is developed and shared with all family members 67:47:01:13.01

23. Four fire drills are conducted annually 67:47:01:13.01

24. An operating smoke detector is located on each level of the home 67:47:01:13.01

25. There are two unblocked exits on all levels of the home used for care 67:47:01:13.01

- | Yes                                 | No                       | NA |   |
|-------------------------------------|--------------------------|----|---|
|                                     |                          |    | <b>I. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |    | 26. Hazardous cleaning supplies are inaccessible to children 67:47:01:13.01   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |    | 27. Bio contaminants are properly disposed of 67:47:01:13.01  |
|                                     |                          |    | <b>J. Precautions in transporting children</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |    | 28. State laws related to transporting children are followed 67:47:01:13.01   |
|                                     |                          |    | <b>K. Recognition and reporting of child abuse and neglect</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |    | 29. Suspicions of child abuse and neglect are immediately reported to the Department of Social Services at 1-877-244-0864, law enforcement, or the State's Attorney. 67:47:01:13.01 |

Comments:

Provider found to be in full compliance: **Yes**