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|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OL Plan of Correction                                                                                                             |             |                       |  |                                                                                                                                                                                                             |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <a href="https://dlbc.utah.gov/">https://dlbc.utah.gov/</a><br>OL Vision - Quality health and safety services for people in Utah! |             |                       |  |                                                                                                                                                                                                             |
| Facility Name:                                                                                                                                                                         | Singoma, Mwajuma dba Singoma Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Facility ID:                                                                                                                      | (F15-46856) | Phone Number:         |  | The Plan of Correction is a tool used by the Office of Licensing to help facilities with non compliance issues to possibly delay or prevent the issuance of a Conditional License. <b>(Revised 09/2023)</b> |
| Address:                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   |             | Email Address:        |  |                                                                                                                                                                                                             |
| Director/Provider:                                                                                                                                                                     | Mwajuma Singoma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Approved Capacity:                                                                                                                | 16          | Initial Date of Plan: |  |                                                                                                                                                                                                             |
| Plan of Correction Information:                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   |             |                       |  |                                                                                                                                                                                                             |
| OL Statement of non compliant issues to be addressed:                                                                                                                                  | <p><u>The following rule noncompliances will need to be corrected and maintained:</u></p> <p>R430-90-8(2)(a)-(d) The provider shall ensure new covered individuals have submitted a background check and fingerprints</p> <p>R430-90-11(1)(a)-(d) The provider shall ensure caregivers provide and maintain active supervision of each child</p> <p>R430-90-13(4) The provider shall ensure that choking hazards are inaccessible to children younger than three years old.</p> <p>R430-90-13(7) The provider shall ensure that empty plastic bags and balloons are inaccessible to children younger than five years old.</p> <p>R430-90-13(9) The provider shall ensure that toxic or hazardous chemicals are inaccessible to children.</p> <p>R430-90-13(11)(a)-(b) The provider shall ensure that electrical wires, outlets and surge protectors have protective caps or safety devices when not in use.</p> <p>R430-90-14(2) The provider shall post the facilities street address and emergency numbers in a clearly visible location.</p> <p>R430-90-14(5) The provider shall document each fire drill.</p> <p>R430-90-14(7) The provider shall document each disaster drill.</p> <p>R430-90-17(1) The provider shall make medications inaccessible.</p> <p><u>The provider must meet the following conditions:</u></p> <p>1. Three unannounced inspections will be conducted by December 31, 2023. The provider must be in compliance with the above listed rules at each inspection to meet the intent of the Plan;</p> <p>2. The provider must pay the \$625 Civil Money Penalty balance by December 31, 2023;</p> <p>3. If the provider fails to comply with the conditions of the Plan, the provider's license will be placed on Conditional status.</p> |                                                                                                                                   |             |                       |  |                                                                                                                                                                                                             |
| Provider's proposed plan of correction<br><br>(Must include what will be done for compliance and maintenance, who will be responsible, and by when the provider will be in compliance) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   |             |                       |  |                                                                                                                                                                                                             |

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|------------------------------------------------|-------|--------------------------|--------------------------|--------------------|------|
| CCL required adjustments to the proposed plan: |       |                          |                          |                    |      |
| Signature Information                          |       |                          |                          |                    |      |
| Provider signature of agreement:               |       |                          |                          |                    |      |
| Manager signature of agreement:                |       |                          |                          |                    |      |
| Inspections for Plan of Correction             |       |                          |                          |                    |      |
| Date of Inspection                             | Notes | Plan is being followed   | Plan not being followed  | Provider Signature | Date |
|                                                |       | <input type="checkbox"/> | <input type="checkbox"/> |                    |      |
|                                                |       | <input type="checkbox"/> | <input type="checkbox"/> | Mwajuma            |      |
|                                                |       | <input type="checkbox"/> | <input type="checkbox"/> |                    |      |
|                                                |       | <input type="checkbox"/> | <input type="checkbox"/> |                    |      |

| RULES                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |                          |                         |       |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|-------|
| Rule #                | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C                        | NC                       | NA                       | Compliance Required By: | Notes |
|                       | NA = Not Assessed during inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                         |       |
| R430-90-8(2)(a)-(d)   | Before a new covered individual who does not appear in the CCL provider portal search becomes involved with child care in the program, the provider shall:<br>(a) have the individual submit an online background check form and fingerprints for individuals age 18 years old and older;<br>(b) authorize the individual's background check through the CCL provider's portal;<br>(c) pay any required fees; and<br>(d) receive written notice from CCL that the individual is eligible. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |       |
| R430-90-11(1)(a)-(d)  | The provider shall ensure that caregivers provide and maintain active supervision of each child, including:<br>(a) a caregiver is inside the home when a child in care is inside the home;<br>(b) a caregiver is in the outdoor area when a child younger than five years old is in the outdoor area;<br>(c) caregivers know the number of children in their care at any time; and<br>(d) caregivers' attention is focused on the children and not on caregivers' personal interests.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |       |
| R430-90-13(4)         | The provider shall ensure that choking hazards are inaccessible to children younger than three years old.                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |       |
| R430-90-13(7)         | The provider shall ensure that empty plastic bags large enough for a child's balloons are inaccessible to children younger than five years old.                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |       |
| R430-90-13(9)(a)-(d)  | The provider shall ensure that toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable, corrosive, and reactive materials are:<br>(a) inaccessible to children;<br>(b) used according to manufacturer instructions;<br>(c) stored in containers labeled with the contents of the container; and<br>(d) disposed of properly.                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |       |
| R430-90-13(11)(a)-(b) | The provider shall ensure that the following items are inaccessible to children:<br>(a) live electrical wires; and<br>(b) for children younger than five years old, electrical outlets and surge protectors without protective caps or safety devices when not in use.                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |       |
| R430-90-14(2)         | The provider shall post the facility's street address and emergency numbers, including at least fire, police, and poison control, near the telephone in the home or in an area clearly visible to anyone needing the information.                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |       |
| R430-90-14(5)(a)-(e)  | The provider shall document each fire drill, including:<br>(a) the date and time of the drill;<br>(b) the number of children participating;<br>(c) the name of the individual supervising the drill;<br>(d) the total time to complete the evacuation; and<br>(e) any problems encountered and remediation.                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |       |
| R430-90-14(7)(a)-(d)  | The provider shall document each disaster drill, including:<br>(a) the type of disaster, such as earthquake, flood, prolonged power or water outage, or tornado;<br>(b) the date and time of the drill;<br>(c) the number of children participating;<br>(d) the name of the individual supervising the drill; and (e) any problems encountered and remediation.                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |       |

At the time of this inspection, this item was in compliance. (MY 10.25.2023)

At the time of this inspection, this item was in compliance. (MY 10.23.2023)

|               |                                                                       |                          |                                     |                          |  |  |
|---------------|-----------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|--|--|
| R430-90-17(1) | The provider shall make medications inaccessible to children in care. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |  |
|               |                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |  |