## Family Day Care Inspection Compliance Plan

Provider's Name: Tracey Hawks City: Yankton Provider Number: 010610193

Inspector: Stacie Ugofsky Date of Inspection: 06/12/2019 Time of Inspection: 9:45 AM

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

## B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:

AA - Immunization Records

IH - Emergency Contact KM - Immunization Records AP - Immunization Records Agency Action:

Compliance Plan

Suggested Completion Date: Actual Completion Date:

06/30/2019 06/30/2019

Status: Corrected

32. Do provider and helper records contain all required information? 67:42:03:07.03

Corrections To Be Made:

Agency Action:

JA - Three References

Compliance Plan

Suggested Completion Date: Actual Completion Date:

06/30/2019

06/30/2019

Status: Corrected

## C. Health & Safety Features of the Home - Indoor Environmental Observations

61. Is there a fully charged, portable fire extinguisher, with minimum 2A rating, kept near the food prep area? 67:42:03:11.02

r Signature		Inspector Signature		
Hawks	06/12/2019	Stacie Ugofsk	rv.	06/12/2019
			Status: Correc	ted
now fully charged.	now fully charged.		06/30/2019	06/30/2019
Fire extinguisher must be full charged.  Correction: The 2A fire extinguisher kept near th		kitchen prep area is	Suggested Completion Date:	Actual Completion Date:
Fire extinguisher was not charged at the time of the inspection.			Compliance Plan	
Corrections To Be Made:			Agency Action:	