

Family Day Care Inspection Compliance Plan

Provider's Name: **Jennifer Holthe**

City: **Sioux Falls**

Provider Number: **010604845**

Inspector: **Michael
Czmowski**

Date of Inspection: **09/28/2020**

Time of Inspection: **2:25 PM**

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:

ED - Immunization Records
JD - Immunization Records
BD - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission
JE - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records
OF - Enrollment Date, Information Sheet, Emergency Contact

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/28/2020	10/29/2020

Status: **Corrected**

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

60. Are frozen foods kept at a temperature of 0 degrees F or below? 67:42:03:11.08

Corrections To Be Made:

Observed freezer warmer than 0 degrees. Adjust temperature accordingly.
***Temperature of freezer measured at 0 degrees on 10/29/2020**

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/10/2020	10/29/2020

Status: **Corrected**

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

Corrections To Be Made:

Fire extinguisher not fully charged. Replace or recharge fire extinguisher for proper operation.

***New fire extinguisher observed on 10/29/2020**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

10/10/2020

Actual
Completion
Date:

10/29/2020

Status: **Corrected**

Jennifer Holthe

Provider Signature

09/28/2020

Date

Michael Czmowski

Inspector Signature

09/28/2020

Date