

Family Day Care Inspection Compliance Plan

Provider's Name: **Barbara Mears**

City: **Sioux Falls**

Provider Number: **011515352**

Inspector: **Kelly Gnat**

Date of Inspection: **10/25/2018**

Time of Inspection: **2:15 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

<p>Corrections To Be Made:</p> <p>AB - Emergency Contact, Emergency Permission, Immunization Records PE - Immunization Records CH - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;">10/25/2018</td> <td style="text-align: right;">11/07/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/25/2018	11/07/2018
Suggested Completion Date:	Actual Completion Date:				
10/25/2018	11/07/2018				

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

69. Is the hot water temperature at hand washing sinks maintained at 120 degrees or lower?
67:42:03:11.05

<p>Corrections To Be Made:</p> <p>Hot water temperature was not maintained 120 degrees or lower.</p> <p>Correction: The hot water temperature was lowered and maintained at 120 degrees,</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;">11/15/2018</td> <td style="text-align: right;">11/07/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/15/2018	11/07/2018
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Barbara Mears

Provider Signature

10/25/2018

Date

Kelly Gnat

Inspector Signature

10/25/2018

Date