

Family Day Care Inspection Compliance Plan

Provider's Name: **Camille Dunnick**

City: **Sioux Falls**

Provider Number: **013003872**

Inspector: **Dwight Johnson**

Date of Inspection: **01/09/2019**

Time of Inspection: **3:35 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:

**GB - Immunization Records
CC - Information Sheet
JD - Immunization Records
JM - Enrollment Date
AO - Immunization Records
ES - Enrollment Date**

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
----------------------------------	-------------------------------

01/31/2019	01/31/2019
-------------------	-------------------

Status: **Corrected**

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

51. Does the provider sanitize the diaper change area with a solution of the appropriate bleach to water ratio or use an approved sanitizer? 67:42:03:12

Corrections To Be Made:

The sanitizer bottle was not labeled. The table sanitizer should be 100 ppm chlorine and diaper sanitizer should be 1400 - 1600 ppm chlorine.

*****The bleach sanitizer was immediately corrected. The bleach bottles have been labeled. The Provider has bleach test strips to test the solution.**

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
----------------------------------	-------------------------------

01/09/2019	01/09/2019
-------------------	-------------------

Status: **Corrected Immediately**

Camille Dunnick

Provider Signature

01/09/2019

Date

Dwight Johnson

Inspector Signature

01/09/2019

Date