

# Family Day Care Inspection Compliance Plan

Provider's Name: **Renee Wald**

City: **Pierre**

Provider Number: **015506931**

Inspector: **Becky Hurst**

Date of Inspection: **01/22/2019**

Time of Inspection: **3:13 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><b>OR - Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>02/20/2019</b></td> <td style="text-align: center;"><b>02/20/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>02/20/2019</b>	<b>02/20/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>02/20/2019</b>	<b>02/20/2019</b>				

34. Has the provider completed six hours of training in at least three topic areas in the past year? Of those hours, only three are limited to reading or watching TV or video etc. 67:42:03:07.02

<p>Corrections To Be Made:</p> <p><b>Provider will obtain the verification of the 1/2 hour video training she has completed to meet the 6 hour requirement.</b></p> <p><b>CORRECTION: Provider has completed 6 hours of training.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>01/29/2019</b></td> <td style="text-align: center;"><b>01/30/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>01/29/2019</b>	<b>01/30/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>01/29/2019</b>	<b>01/30/2018</b>				

42. Does the provider have documentation showing four fire drills and one tornado drill was conducted in the past year? 67:42:03:11.03

Corrections To Be Made:	Agency Action:	
<b>Provider indicated all drills have been complete. Provider will provide all dates of drills.</b>	<b>Compliance Plan</b>	
<b>CORRECTION: Verification received that fire drills and tornado drill have been complete for 2018. Provider will keep verification accessible for inspection.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>01/29/2019</b>	<b>01/30/2018</b>
	Status: <b>Corrected</b>	

**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

Corrections To Be Made:	Agency Action:	
<b>Fire extinguisher needs to be inspected.</b>	<b>Compliance Plan</b>	
<b>CORRECTION: Fire extinguisher has been inspected.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>02/05/2019</b>	<b>01/30/2019</b>
	Status: <b>Corrected</b>	

**Renee Wald**  
 \_\_\_\_\_  
 Provider Signature

**01/22/2019**  
 \_\_\_\_\_  
 Date

**Becky Hurst**  
 \_\_\_\_\_  
 Inspector Signature

**01/22/2019**  
 \_\_\_\_\_  
 Date