

# Family Day Care Inspection Compliance Plan

Provider's Name: **Stacy Domogalski**

City: **Spearfish**

Provider Number: **016597843**

Inspector: **Tina Uecker**

Date of Inspection: **08/06/2020**

Time of Inspection: **10:29 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

39. Does the provider have a written plan for prevention and response to emergencies due to food and allergic reactions? 67:42:03:13

<p>Corrections To Be Made:</p> <p><b>Provider did not have a plan for the prevention and response to food and allergic reactions. Provider must develop a plan and submit to Child Care Services.</b></p> <p><b>*Provider submitted a written plan for the prevention and response to emergencies and allergic reactions to CCS.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td style="padding-right: 20px;"><b>09/01/2020</b></td> <td><b>08/31/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/01/2020</b>	<b>08/31/2020</b>
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<b>09/01/2020</b>	<b>08/31/2020</b>				

40. Does the provider have a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations, accommodation of infants & toddlers; children with disabilities & children with chronic medical conditions? 67:42:03:11.03

<p>Corrections To Be Made:</p> <p><b>Provider did not have an emergency preparedness plan. Provider must develop an emergency preparedness plan and submit it to CCS.</b></p> <p><b>*Provider submitted her emergency preparedness plan to CCS.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td style="padding-right: 20px;"><b>09/01/2020</b></td> <td><b>08/10/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/01/2020</b>	<b>08/10/2020</b>
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### 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

<p>Corrections To Be Made:</p> <p><b>Provider did not have a 2A rated fire extinguisher. A fire extinguisher must be purchased and verification must be sent to CCS.</b></p> <p><b>*Provider submitted verification to CCS that a 2A rated fire extinguisher had been purchased.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <p>Suggested Completion Date: <b>09/01/2020</b></p> <p>Actual Completion Date: <b>08/31/2020</b></p> <p>Status: <b>Corrected</b></p>
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70. Is water obtained from a community public water system or from a private system tested for nitrates and bacteria annually by the SD Department of Environment and Natural Resources? 67:42:03:11.05

<p>Corrections To Be Made:</p> <p><b>Private wells must be tested for nitrates and bacteria on an annual basis. Provider must provide verification to CCS that the well has been tested annually.</b></p> <p><b>*Documentation that the well had been tested was provided to CCS.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <p>Suggested Completion Date: <b>09/01/2020</b></p> <p>Actual Completion Date: <b>08/31/2020</b></p> <p>Status: <b>Corrected</b></p>
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Stacy Domogalski  
Provider Signature

08/06/2020  
Date

Tina Uecker  
Inspector Signature

08/06/2020  
Date