

Family Day Care Inspection Compliance Plan

Provider's Name: **Sarah Wheaton**

City: **Belle Fourche**

Provider Number: **016597919**

Inspector: **Lori Janssen**

Date of Inspection: **05/01/2018**

Time of Inspection: **10:11 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

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:	Agency Action:	
HD - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/15/2018	05/10/2018
	Status: Corrected	

32. Do provider and helper records contain all required information? 67:42:03:07.03

Corrections To Be Made:	Agency Action:	
DG - C A/N Report Statement, CPR, Training	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/15/2018	05/03/2018
	Status: Corrected	

35. Have all helpers completed orientation training within 90 days of hire? 67:42:03:07.02

Corrections To Be Made:	Agency Action:	
	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/15/2018	05/07/2018
	Status: Corrected	

38. Do the helpers have current CPR certification? 67:42:03:07.02

Corrections To Be Made:	Agency Action:	
	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/15/2018	05/03/2018
	Status: Corrected	

Sarah Wheaton

 Provider Signature

05/01/2018

 Date

Lori Janssen

 Inspector Signature

05/01/2018

 Date