

Family Day Care Inspection Compliance Plan

Provider's Name: **Dephne Schick**

City: **Rapid City**

Provider Number: **016598153**

Inspector: **Ann Marie Sailer**

Date of Inspection: **07/24/2019**

Time of Inspection: **8:53 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:

**EA - Immunization Records
KB - Immunization Records
RT - Immunization Records**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/07/2019

Actual
Completion
Date:

09/04/2019

Status: **Corrected**

37. Does the provider have a current CPR certification? 67:42:03:07.02

Corrections To Be Made:

Provider's CPR expired July 20, 2019. She is scheduled to take a CPR class on August 29, 2019. Correction: CPR training completed.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/30/2019

Actual
Completion
Date:

08/29/2019

Status: **Corrected**

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

47. Are toys that come in contact with a child's saliva or other bodily fluids sanitized with the appropriate ratio of bleach to water; sanitized in a dishwasher; or sanitized with a product approved for use?
67:42:03:12

Corrections To Be Made:

Concentration was too high in spray bottle. Corrected on site.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

07/24/2019

Actual
Completion
Date:

07/24/2019

Status: **Corrected Immediately**

Dephne Schick

Provider Signature

07/24/2019

Date

Ann Marie Sailer

Inspector Signature

07/24/2019

Date