

Family Day Care Inspection Compliance Plan

Provider's Name: **Dephne Schick**

City: **Rapid City**

Provider Number: **016598153**

Inspector: **Ann Marie Sailer**

Date of Inspection: **03/04/2020**

Time of Inspection: **8:45 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:

RS - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

03/18/2020

Actual
Completion
Date:

03/24/2020

Status: **Corrected**

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

Corrections To Be Made:

Provider obtained 2 hours in one training topic. Provider needs to complete at least 4 additional hours in at least two additional topics.

Correction: Provider completed 13 total hours of training in 5 training categories.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

03/18/2020

Actual
Completion
Date:

03/24/2020

Status: **Corrected**

Dephne Schick

Provider Signature

03/04/2020

Date

Ann Marie Sailer

Inspector Signature

03/04/2020

Date