

Family Day Care Inspection Compliance Plan

Provider's Name: **Heather Stewart**

City: **Rapid City**

Provider Number: **016598917**

Inspector: **Robert Weig**

Date of Inspection: **09/05/2018**

Time of Inspection: **8:59 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

A. Provider's Practices/Maximum Capacity/Care of Children

15. Are medications stored properly? This includes being out of reach from children and in a non-absorbent container if refrigeration is required. 67:42:03:08.01

<p>Corrections To Be Made:</p> <p>Need to remove medications from countertop in kitchen so it is inaccessible to children.</p> <p>CORRECTION: Provider removed medication to a locked cabinet.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">09/05/2018</td> <td style="text-align: center;">09/07/2018</td> </tr> <tr> <td colspan="2">Status: Corrected</td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	09/05/2018	09/07/2018	Status: Corrected	
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09/05/2018	09/07/2018						
Status: Corrected							

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>JH - Enrollment Date, Information Sheet, Emergency Contact, Physician Contact, Emergency Permission, Immunization Records</p> <p>MH - Enrollment Date, Information Sheet, Emergency Contact, Physician Contact, Emergency Permission, Immunization Records</p> <p>AP - Enrollment Date</p> <p>AT - Emergency Contact, Physician Contact, Emergency Permission, Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">09/19/2018</td> <td style="text-align: center;">09/07/2018</td> </tr> <tr> <td colspan="2">Status: Corrected</td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	09/19/2018	09/07/2018	Status: Corrected	
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C. Health & Safety Features of the Home - Indoor Environmental Observations

69. Is the hot water temperature at hand washing sinks maintained at 120 degrees or lower?
67:42:03:11.05

<p>Corrections To Be Made:</p> <p>Current temp is 125.9. Adjust water temp to 120 degrees or less.</p> <p>CORRECTION: Provider turned water temp to 120 degrees.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>09/19/2018</td> <td>09/05/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/19/2018	09/05/2018
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74. If caring for children under 4 yrs. of age, are all unused electrical wall sockets covered?
67:42:03:11.07

<p>Corrections To Be Made:</p> <p>Cover unused electrical outlets.</p> <p>CORRECTION: Provider installed safety caps in unused electrical outlets.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>09/19/2018</td> <td>09/05/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/19/2018	09/05/2018
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Heather Stewart
Provider Signature

09/05/2018
Date

Robert Weig
Inspector Signature

09/05/2018
Date