

# Family Day Care Inspection Compliance Plan

Provider's Name: **Shelly Wathier**

City: **Sioux Falls**

Provider Number: **018034669**

Inspector: **Eric Janke**

Date of Inspection: **06/26/2018**

Time of Inspection: **11:00 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

|   |  |                            |                         |                   |                   |
|---|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>JA - Immunization Records</b><br/><b>AC - Immunization Records</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>07/26/2018</b></td> <td style="text-align: center;"><b>07/19/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>07/26/2018</b> | <b>07/19/2018</b> |
| Suggested Completion Date:  | Actual Completion Date:  |                            |                         |                   |                   |
| <b>07/26/2018</b>   | <b>07/19/2018</b>  |                            |                         |                   |                   |

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

|   |  |                            |                         |                   |                   |
|---|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>Signed up for classes in September</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>07/26/2018</b></td> <td style="text-align: center;"><b>07/19/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>07/26/2018</b> | <b>07/19/2018</b> |
| Suggested Completion Date:  | Actual Completion Date:  |                            |                         |                   |                   |
| <b>07/26/2018</b>   | <b>07/19/2018</b>  |                            |                         |                   |                   |

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

75. Is there an operating smoke detector with audible alarm located on each level of the home (regardless if level is used for care of children or not)? 67:42:03:11.02

|  |                            |                         |
|--|----------------------------|-------------------------|
| Corrections To Be Made:  | Agency Action:             |                         |
| <b>Main level does not have a smoke detector, bottom, lower, and upper do.</b> | <b>Compliance Plan</b>     |                         |
|  | Suggested Completion Date: | Actual Completion Date: |
|  | <b>07/01/2018</b>          | <b>07/19/2018</b>       |
|  | Status: <b>Corrected</b>   |                         |

**Shelly Wathoer**  
\_\_\_\_\_  
Provider Signature

**06/26/2018**  
\_\_\_\_\_  
Date

**Eric Janke**  
\_\_\_\_\_  
Inspector Signature

**06/26/2018**  
\_\_\_\_\_  
Date