

# Family Day Care Inspection Compliance Plan

Provider's Name: **Sue Ihnen**

City: **Sioux Falls**

Provider Number: **018042366**

Inspector: **Michael  
Czmowski**

Date of Inspection: **09/28/2020**

Time of Inspection: **12:15 PM**

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

17. Does the provider ensure children wash hands before/after meals and after using the restroom?  
67:42:03:19

<p>Corrections To Be Made:</p> <p><b>Observed children not washing hands before or after eating lunch. *Provider will ensure hand washing is accomplished at proper times.</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>09/28/2020</b></td> <td style="text-align: center;"><b>09/28/2020</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/28/2020</b>	<b>09/28/2020</b>
Suggested Completion Date:	Actual Completion Date:				
<b>09/28/2020</b>	<b>09/28/2020</b>				

## 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>HH - Immunization Records BM - Immunization Records EM - Immunization Records ES - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission LS - 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>10/28/2020</b></td> <td style="text-align: center;"><b>10/28/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/28/2020</b>	<b>10/28/2020</b>
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<b>10/28/2020</b>	<b>10/28/2020</b>				

42. Does the provider have documentation showing four fire drills and one tornado drill was conducted in the past year? 67:42:03:11.03

Corrections To Be Made:	Agency Action:	
<b>Dates for fire/tornado drills to be provided to ensure compliance.</b> <b>*Dates received on 10/28/2020</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>10/28/2020</b>	<b>10/28/2020</b>
	Status: <b>Corrected</b>	

### 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

Corrections To Be Made:	Agency Action:	
<b>Observed hot water temp in basement bathroom at 121.6 degrees F. Hot water to be no more than 120 degrees F.</b> <b>*Hot water measured 120 degrees on this date.</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>10/10/2020</b>	<b>10/28/2020</b>
	Status: <b>Corrected</b>	

74. If caring for children under 4 yrs. of age, are all unused electrical wall sockets covered? 67:42:03:11.07

Corrections To Be Made:	Agency Action:	
<b>Electrical outlets on the main level not all covered with proper covers.</b> <b>*Ensure all accessible outlets are covered when not in use.</b> <b>*Covers in place as of 10/21/2020</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>10/01/2020</b>	<b>10/21/2020</b>
	Status: <b>Corrected</b>	

**Susan Ihnen**

Provider Signature

**09/28/2020**

Date

**Michael Czmowski**

Inspector Signature

**09/28/2020**

Date