

# Family Day Care Inspection Compliance Plan

Provider's Name: **Karyn Becker**

City: **Yankton**

Provider Number: **018042901**

Inspector: **Stacie Ugofsky**

Date of Inspection: **02/21/2018**

Time of Inspection: **4:00 PM**

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

32. Do provider and helper records contain all required information? 67:42:03:07.03

Corrections To Be Made:

**AB - Address & Phone Number, Three References, C A/N Report Statement, CPR**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**03/21/2018**

Actual  
Completion  
Date:

**02/28/2018**

Status: **Corrected**

38. Do the helpers have current CPR certification? 67:42:03:07.02

Corrections To Be Made:

**AB must complete CPR before being left alone with children.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**03/21/2018**

Actual  
Completion  
Date:

**03/01/2018**

Status: **Corrected**

40. Does the provider have a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations, accommodation of infants & toddlers; children with disabilities & children with chronic medical conditions? 67:42:03:11.03

Corrections To Be Made:

**A written emergency preparedness plan must be developed and submitted to CCS.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**03/21/2018**

Actual  
Completion  
Date:

**02/28/2018**

Status: **Corrected**

**Karyn Becker**

Provider Signature

**02/22/2018**

Date

**Stacie Ugofsky**

Inspector Signature

**02/22/2018**

Date