Family Day Care Inspection Compliance Plan

Provider's Name: Ranae Klutman City: Sioux Falls Provider Number: 018042947

Inspector: Rita Trager Date of Inspection: 02/01/2019 Time of Inspection: 8:25 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:

MB - Immunization Records

SC - Enrollment Date, Information Sheet, Emergency Contact, Emergency

Permission, Immunization Records

SH - Immunization Records

NP - Immunization Records

JP - Immunization Records

EP - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:

Actual Completion Date:

02/15/2019

03/28/2019

Status: Corrected

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

Corrections To Be Made:

RK - Timely Orientation

SK - Three References, C A/N Report Statement

Agency Action:

Compliance Plan

Suggested Completion Date:

Actual Completion Date:

03/01/2019

03/28/2019

Status: Corrected

35. Have all helpers completed orientation training within 90 days of hire? 67:42:03:07.02

Corrections To Be Made:

Need orientation training completed for helper and provider *Training records observed on 03/28/19

Agency Action:

Compliance Plan

Suggested Completion Date: Actual Completion Date:

04/01/2019

03/28/2019

Status:

39. Does the provider have a written plan for prevention and response to emergencies due to food and allergic reactions? 67:42:03:13

Corrections To Be Made:

Agency Action:

Develop a food allergy plan for child in care with allergies. *Plan observed on 03/28/19

Compliance Plan

Suggested Completion Date:

Actual Completion Date:

02/15/2019

03/28/2019

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:

Agency Action:

Plan to be developed by 04/01/2019 *Plan observed on 03/28/19

Compliance Plan

Suggested Completion Date:

Actual Completion Date:

04/01/2019

03/28/2019

Status: Corrected

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

61. Is there a fully charged, portable fire extinguisher, with minimum 2A rating, kept near the food prep area? 67:42:03:11.02

anae Klutman	02/01/2019	Rita Trager		02/01/2019
*Extinguisher observed on 03/28/19		Co Da 04	iggested ompletion ate: //01/2019 atus: Corrected	Actual Completion Date: 03/28/2019
Corrections To Be Mac	sher	_	Agency Action: Compliance Plan	

Inspector Signature

Date

Date

Provider Signature