

Family Day Care Inspection Compliance Plan

Provider's Name: **Stephanie Witte**

City: **Sioux Falls**

Provider Number: **012002852**

Inspector: **Rita Trager**

Date of Inspection: **09/23/2019**

Time of Inspection: **7:46 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>MK - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">10/23/2019</td> <td style="text-align: center;">10/16/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/23/2019	10/16/2019
Suggested Completion Date:	Actual Completion Date:				
10/23/2019	10/16/2019				

D. Health & Safety Features of the Home - Outdoor Environmental Observations

90. Did the Provider obtain orientation training in the topic of child development by 11/30/2018?

<p>Corrections To Be Made:</p> <p>Complete Child Development from D2L by 10/23/19 *Received as of 10/16/2019.</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">10/23/2019</td> <td style="text-align: center;">10/16/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/23/2019	10/16/2019
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Stephanie Witte

Provider Signature

09/23/2019

Date

Rita Trager

Inspector Signature

09/23/2019

Date