

Family Day Care Inspection Compliance Plan

Provider's Name: **Shawndra Kauffman**

City: **Sioux Falls**

Provider Number: **018042254**

Inspector: **Brenda Sharkey**

Date of Inspection: **08/09/2018**

Time of Inspection: **9:39 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>DA - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">08/30/2018</td> <td style="text-align: center;">08/15/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/30/2018	08/15/2018
Suggested Completion Date:	Actual Completion Date:				
08/30/2018	08/15/2018				

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

51. Does the provider sanitize the diaper change area with a solution of the appropriate bleach to water ratio or use an approved sanitizer? 67:42:03:12

<p>Corrections To Be Made:</p> <p>Bleach water tested 0 ppm, provider corrected immediately.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">08/09/2018</td> <td style="text-align: center;">08/09/2018</td> </tr> </table> <p>Status: Corrected Immediately</p>	Suggested Completion Date:	Actual Completion Date:	08/09/2018	08/09/2018
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Shawndra Kauffman

Provider Signature

08/09/2018

Date

Brenda Sharkey

Inspector Signature

08/09/2018

Date