

Family Day Care Inspection Compliance Plan

Provider's Name: **Cynthia Rust**

City: **Sioux Falls**

Provider Number: **018042776**

Inspector: **Dwight Johnson**

Date of Inspection: **08/17/2020**

Time of Inspection: **1:30 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

30. Does each child's record contain all required information? 67:42:16:13

<p>Corrections To Be Made:</p> <p>EB - Immunization Records MF - Immunization Records EH - Immunization Records DL - 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;">09/17/2020</td> <td style="text-align: center;">09/14/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/17/2020	09/14/2020
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09/17/2020	09/14/2020				

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

59. Is the refrigeration temperature maintained at 41 degrees or below? 67:42:03:11.08

<p>Corrections To Be Made:</p> <p>The temperature of the refrigerator from the combination refrigerator/freezer in the kitchen is measured at 43 degrees F. Provider adjusted temperature control during the inspection.</p> <p>*Refrigeration temperature measured at 36 degrees.</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;">08/20/2020</td> <td style="text-align: center;">08/27/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/20/2020	08/27/2020
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Stacie Rust

Provider Signature

08/17/2020

Date

Dwight Johnson

Inspector Signature

08/17/2020

Date