

Family Day Care Inspection Compliance Plan

Provider's Name: **Shirley Bushee**

City: **Sioux Falls**

Provider Number: **018042602**

Inspector: **Denise Ferguson**

Date of Inspection: **01/07/2020**

Time of Inspection: **8:18 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>B - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records B - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records EE - Emergency Contact, Immunization Records LE - Emergency Contact, Immunization Records MG - Emergency Contact, Emergency Permission, Immunization Records SG - Emergency Contact, Emergency Permission, Immunization Records JP - Immunization Records KP - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;">02/07/2020</td> <td style="text-align: right;">02/18/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	02/07/2020	02/18/2020
Suggested Completion Date:	Actual Completion Date:				
02/07/2020	02/18/2020				

34. Has the provider completed six hours of training in at least three topic areas in the past year? Of those hours, only three are limited to reading or watching TV or video etc. 67:42:03:07.02

<p>Corrections To Be Made:</p> <p>.5 hours available, 6 total hours needed</p> <p>*Documentation submitted for 6 total hours for 2019.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;">02/07/2019</td> <td style="text-align: right;">01/08/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	02/07/2019	01/08/2020
Suggested Completion Date:	Actual Completion Date:				
02/07/2019	01/08/2020				

36. Have all helpers completed six hours of training in at least three separate topic areas in the past year? 67:42:03:07.02

Corrections To Be Made:	Agency Action:	
1.5 hours available, 6 total hours needed	Compliance Plan	
*Documentation submitted for 6 total hours for 2019.	Suggested Completion Date:	Actual Completion Date:
	02/07/2020	01/08/2020
	Status: Corrected	

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

56. Is soft bedding that could pose a suffocation hazard removed from the infant sleep environment?
67:42:03:23

Corrections To Be Made:	Agency Action:	
A 7-month-old observed sleeping with soft bedding. Provider removed the bedding immediately from the sleep environment.	Letter of Notification	
*CCS is requiring additional training be taken on this topic area no later than 02/07/2020.	Suggested Completion Date:	Actual Completion Date:
	02/07/2020	01/07/2020
	Status: Corrected Immediately	

60. Are frozen foods kept at a temperature of 0 degrees F or below? 67:42:03:11.08

Corrections To Be Made:	Agency Action:	
Kitchen freezer tested at 2.9 degrees. Freezers must be 0 degrees or below.	Compliance Plan	
*Freezer tested at -3.8 degrees.	Suggested Completion Date:	Actual Completion Date:
	02/07/2020	02/05/2020
	Status: Corrected	

Shirley Bushee

Provider Signature

01/07/2020

Date

Denise Ferguson

Inspector Signature

01/07/2020

Date