

Date Issued	March 31, 2025	Status	Closed
Provider Name	<u>HAMANN, PEGGY</u>		
Provider ID	<u>011515487</u>		
Provider Address	<u>1801 1st Ave SE, Watertown, SD 57201, USA</u>		
Provider Contact	<u>PEGGY HAMANN</u>		

The items listed below are those that the provider was not in compliance with at the time of the inspection.

### Compliance Plan Action #1

**Administrative Rule:**

67:42:17:37

Center and school-age programs operating outside of a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:05 and 61:15:06. School-age programs operating in a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:01, 61:15:02, and 61:15:07.

A family day care home must have the following fire safety measures in place:

- (1) A working smoke detector must be located on each level of the home;
- (2) A fully charged, portable fire extinguisher, with a minimum 2A rating, as identified on the extinguisher label, must be kept in or within fifteen feet of the kitchen or food preparation area;
- (3) A carbon monoxide detector must be installed, according to the manufacturer's instructions, if a fuel burning appliance is present in the home;
- (4) Each level of the home must have at least two remote exits that shall remain clear of obstructions. One of these exits must be a standard-sized door, and the other may be either a standard-sized door or an unobstructed, operable window, having at least five square feet of openable space, with a minimum width of twenty inches and a minimum height of twenty-four inches; and
- (5) Whenever a portable space heater, a wood burning stove, or a fireplace is in use, the heater, stove, or fireplace must be inaccessible to children.

**Summary of Non-Compliance Finding:**

At time of inspection, home didn't have a carbon monoxide detector installed which is required if home uses fuel burning appliances.

**Corrections to be Made:**

Family day care homes must have a carbon monoxide detector installed according to the manufacturer's instructions, if a fuel burning appliance is present in the home.

**Corrections Made:**

Verification received on 3/25/25 that a carbon monoxide detector has been installed in home.

**Anticipated Completion Date:**  
March 31, 2025

**Date Completed:**  
March 31, 2025

### Compliance Plan Action #2

**Administrative Rule:**

67:42:17:43

A provider shall have:

- (1) A written emergency preparedness and response plan for emergencies resulting from a natural disaster or a man-caused event;
- (2) A written plan for evacuation, relocation, shelter-in-place, or a lock-down, that includes accommodations for infants, toddlers, and children with disabilities or medical conditions;
- (3) A written procedure for communication and reunification with parents; and
- (4) A written procedure for the continuity of operations.

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced. A provider shall communicate the emergency preparedness and response plan to each individual at the time the individual begins employment. Except for family day care, all child care providers shall have liability insurance. Proof of current liability insurance shall be made available to the department, upon request.

**Summary of Non-Compliance Finding:**

At time of inspection, provider didn't have documentation of two lock-down drills in the previous calendar year.

**Corrections to be Made:**

A provider shall practice the evacuation, shelter-in-place, and lock down procedures, outlined in the emergency preparedness and response plan, at least twice each calendar year. The provider shall document the dates on which the procedures are practiced.

**Corrections Made:**

Verification received by OLA on 3/25/25 that the provider completed a lock down drill.

**Anticipated Completion Date:**

March 31, 2025

**Date Completed:**

March 31, 2025

**Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.**

Peggy Hamann

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 31, 2025

Date

**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**

Ambuer Jaacks

Printed Name of DSS Staff

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3/25/2025, 2:37:00 PM

Signature of DSS Staff:

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March 25, 2025

Date

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