

Family Day Care Inspection Compliance Plan

Provider's Name: **Jami Dobesh**

City: **Brookings**

Provider Number: **010605136**

Inspector: **Charles Schmidt**

Date of Inspection: **08/27/2024**

Time of Inspection: **10:43 AM**

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

A. Provider Practices/Maximum Capacity/Care of Children

26. If transporting children, is written permission from each child ' s parent obtained? 67:42:17:45

| | | | | | |
|--|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p>Written permission from parents to transport their child not on file at time of inspection. Provider had verbal agreements with parents.</p> <p>If transporting children, written permission must be obtained.</p> <p>Correction: Verification received that provider now has written permission from parents to transport their child.</p> | <p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;">09/30/2024</td> <td style="border: none;">10/04/2024</td> </tr> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 09/30/2024 | 10/04/2024 |
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 09/30/2024 | 10/04/2024 | | | | |

B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

| | | | | | |
|--|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p>HG - Immunization Records</p> <p>MR - Immunization Records</p> <p>BS - Immunization Records</p> | <p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;">09/30/2024</td> <td style="border: none;">10/04/2024</td> </tr> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 09/30/2024 | 10/04/2024 |
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Jami Dobesh

Provider Signature

08/27/2024

Date

Charles Schmidt

Inspector Signature

08/27/2024

Date