# Program Inspection
# Compliance Plan

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|---|---|---|---|---|---|
| Provider's Name: | **Our House Child Care, LLC** | City: | **Pierre** | Provider Number: | **010610997** |
| Inspector: | **Sarah Deakins** | Date of Inspection: | **08/04/2023** | Time of Inspection: | **11:56 AM** |

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

## C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

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

Corrections To Be Made:

**FB - Enrollment Date**
**LB - Enrollment Date, Immunization Records**
**JC - Enrollment Date, Immunization Records**
**KC - Immunization Records**
**PC - Enrollment Date, Immunization Records**
**SC - Enrollment Date, Immunization Records**
**TE - Enrollment Date, Immunization Records**
**AF - Immunization Records**
**RF - Immunization Records**
**XF - Enrollment Date, Emergency Contact, Immunization Records**
**MF - Immunization Records**
**AG - Immunization Records**
**CH - Immunization Records**
**EH - Enrollment Date, Immunization Records**
**LH - Enrollment Date, Immunization Records**
**KH - Immunization Records**
**FH - Immunization Records**
**HIT - Enrollment Date, Immunization Records**
**AL - Enrollment Date, Immunization Records**
**AN - Immunization Records**
**NN - Immunization Records**
**RN - Enrollment Date, Immunization Records**
**EO - Enrollment Date, Emergency Contact, Immunization Records**
**EO - Immunization Records**
**BP - Enrollment Date, Immunization Records**
**EP - Immunization Records**
**NP - Immunization Records**
**SR - Immunization Records**
**AR - Immunization Records**
**ER - Enrollment Date, Immunization Records**
**PR - Enrollment Date, Immunization Records**
**RR - Emergency Permission, Immunization Records**
**SR - Enrollment Date, Immunization Records**
**BS - Enrollment Date, Immunization Records**
**FS - Enrollment Date, Immunization Records**
**LS - Immunization Records**
**VS - Immunization Records**
**EV - Enrollment Date, Emergency Contact, Immunization Records**
**LW - Immunization Records**
**SW - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records**
**SW - Immunization Records**

Agency Action:

**Corrective Action Plan**

| Suggested Completion Date: | Actual Completion Date: |
|---|---|
| **11/02/2023** | **10/16/2023** |

Status: **Pending**

39. Do employee records contain all required information? 67:42:17:15

| Corrections To Be Made: | Agency Action: |
|---|---|
| **BA - Sex Offender Registry Check, FBI Check, NCIC Check, CPR, Training**<br>**AA - Five Year Screen, Level II Complete, CPR, Training**<br>**DC - Central Registry Check, FBI Check, NCIC Check, C A/N Report Statement, Orientation Complete, CPR, Training**<br>**JH - Central Registry Check, CPR, Training**<br>**JP - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State, C A/N Report Statement, Orientation Complete, CPR, Training**<br>**VP - CPR**<br>**KR - Orientation Complete, CPR, Training**<br>**BU - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State, C A/N Report Statement, Orientation Complete, CPR, Training** | **Corrective Action Plan**<br>Suggested Completion Date: **11/02/2023**<br>Actual Completion Date: **10/16/2023**<br>Status: **Corrected** |

## E. Written Procedures

50. Is there a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

| Corrections To Be Made: | Agency Action: |
|---|---|
| **There was no written emergency preparedness and response plan available at the time of the inspection.**<br>**The program will have a written emergency preparedness and response plan in place which covers all areas required.**<br>**Verification of the program's emergency preparedness and response plan was received.** | **Corrective Action Plan**<br>Suggested Completion Date: **11/02/2023**<br>Actual Completion Date: **10/16/2023**<br>Status: **Corrected** |

| **Angie Anderson** | **10/12/2023** | **Sarah Deakins** | **10/12/2023** |
|---|---|---|---|
| Provider Signature | Date | Inspector Signature | Date |