Program Inspection
Compliance Plan

Provider's Name:	**Our House Child Care, LLC**	City:	**Fort Pierre**	Provider Number:	**010610997**
Inspector:	**Sarah Deakins**	Date of Inspection:	**08/08/2024**	Time of Inspection:	**8:55 AM**

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

A. Staff-Child Ratio and Supervision of Children

4. Are individual room capacities maintained, which was determined during the floor plan review? In spaces where there are more than 20 children, can the providers identify which children each provider is responsible to supervise? 67:42:17:19 Note: When room capacity does not align with the ratio requirements, a maximum of three additional children may be included in the room capacity as long as the ratios are maintained.

Corrections To Be Made:	Agency Action:	
The program does not have a floor plan review letter on file indicating the individual room capacities. **Floor plans have been submitted for an updated floor capacity review.** **An updated room capacity was completed and provided to the program.**	**Compliance Plan** Suggested Completion Date: **09/10/2024** Status: **Corrected**	Actual Completion Date: **08/23/2024**

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

34. Does the provider have documentation showing two fire evacuation drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year? 67:42:17:43

Corrections To Be Made:

Documentation of evacuation, shelter-in-place, and lockdown drills was not available at the time of the inspection.

The provider must have documentation showing two evacuation, two shelter-in-place, and two lockdown drills that were conducted in the past calendar year.

Verification has been received.

Agency Action:

Compliance Plan

Suggested Completion Date: **09/10/2024**

Actual Completion Date: **09/16/2024**

Status: **Corrected**

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

Corrections To Be Made:

GH - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date: **09/10/2024**

Actual Completion Date: **08/19/2024**

Status: **Corrected**

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

Corrections To Be Made:

CA - 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
DC - Training
AD - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, Orientation Complete, CPR
JH - Five Year Screen, Training
TH - C A/N Report Statement
VP - CPR, Training
AS - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, Orientation Complete, CPR

Agency Action:

Compliance Plan

Suggested Completion Date: **09/10/2024**

Actual Completion Date: **10/03/2024**

Status: **Corrected**

Angie Anderson	**08/08/2024**	**Sarah Deakins**	**08/08/2024**
Provider Signature	Date	Inspector Signature	Date