

# Family Day Care Inspection Compliance Plan

Provider's Name: **Katrina Kolb**

City: **Belle Fourche**

Provider Number: **016597861**

Inspector: **Terra Robbins**

Date of Inspection: **08/23/2022**

Time of Inspection: **8:53 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>RG - Immunization Records</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>09/23/2022</b></td> <td style="text-align: center;"><b>10/14/2022</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>09/23/2022</b> | <b>10/14/2022</b> |
| Suggested Completion Date:   | Actual Completion Date:  |                            |                         |                   |                   |
| <b>09/23/2022</b>  | <b>10/14/2022</b>  |                            |                         |                   |                   |

37. Does the provider have a current infant-child CPR certification? 67:42:03:07.02

|   |  |                            |                         |                   |                   |
|---|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>Provider did not have current infant-child CPR certification.</b></p> <p><b>Provider needs to complete and submit updated infant-child CPR certification.</b></p> <p><b>Correction: Provider completed and submitted current infant-child CPR certification.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>09/10/2022</b></td> <td style="text-align: center;"><b>10/11/2022</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>09/10/2022</b> | <b>10/11/2022</b> |
| Suggested Completion Date:  | Actual Completion Date:  |                            |                         |                   |                   |
| <b>09/10/2022</b>   | <b>10/11/2022</b>  |                            |                         |                   |                   |

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

51. Does the provider sanitize the diaper change area with a solution of the appropriate bleach to water ratio or use an approved sanitizer? 67:42:03:12

|  |                                      |                         |
|--|--------------------------------------|-------------------------|
| Corrections To Be Made:  | Agency Action:                       |                         |
| <b>Provider did not have bleach bottle made at time of inspection.</b> | <b>Compliance Plan</b>               |                         |
| <b>Correction: Provider made bleach spray.</b>                         | Suggested Completion Date:           | Actual Completion Date: |
|  | <b>08/23/2022</b>                    | <b>08/23/2022</b>       |
|  | Status: <b>Corrected Immediately</b> |                         |

74. If caring for children under 4 yrs. of age, are all unused electrical wall sockets covered? 67:42:03:11.07

|   |                                      |                         |
|---|--------------------------------------|-------------------------|
| Corrections To Be Made:   | Agency Action:                       |                         |
| <b>Provider had one outlet covering missing from outlet.</b>        | <b>Compliance Plan</b>               |                         |
| <b>Provider needs to have all outlets covered with plug covers.</b> | Suggested Completion Date:           | Actual Completion Date: |
| <b>Corrected while on-site.</b>                                     | <b>08/23/2022</b>                    | <b>08/23/2022</b>       |
|   | Status: <b>Corrected Immediately</b> |                         |

#### D. Health & Safety Features of the Home - Outdoor Environmental Observations

81. Is the outside play area free of litter, trash, weeds and other hazardous materials? 67:42:03:17

|  |                                      |                         |
|--|--------------------------------------|-------------------------|
| Corrections To Be Made:  | Agency Action:                       |                         |
| <b>Pet feces in the backyard where children play.</b>  | <b>Compliance Plan</b>               |                         |
| <b>Provider will need to clean the backyard before children go outside to play, or have another area where child can play outside.</b> | Suggested Completion Date:           | Actual Completion Date: |
| <b>Correction: Provider will take children to near by park to play inside of backyard.</b>   | <b>08/23/2022</b>                    | <b>08/23/2022</b>       |
|  | Status: <b>Corrected Immediately</b> |                         |

**Katrina Kolb**

Provider Signature

**08/23/2022**

Date

**Terra Robbins**

Inspector Signature

**08/23/2022**

Date