

# Family Day Care Inspection Compliance Plan

Provider's Name: **Summer Barger**

City: **Sioux Falls**

Provider Number: **018043114**

Inspector: **Sarah Boese**

Date of Inspection: **06/11/2024**

Time of Inspection: **11:14 AM**

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

## 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><b>JP - Immunization Records</b> <b>LS - Immunization Records</b> <b>ST - Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;"><b>06/21/2024</b></td> <td style="text-align: right;"><b>06/18/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>06/21/2024</b>	<b>06/18/2024</b>
Suggested Completion Date:	Actual Completion Date:				
<b>06/21/2024</b>	<b>06/18/2024</b>				

40. If a child in care has a known food allergy, does the provider have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction? 67:42:17:29

<p>Corrections To Be Made:</p> <p><b>Child has a known food allergy without a written plan.</b></p> <p><b>The provider is to have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction.</b></p> <p><b>*Correction: a copy of the written plan was received by the Office of Licensing and Accreditation.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;"><b>06/21/2024</b></td> <td style="text-align: right;"><b>06/18/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>06/21/2024</b>	<b>06/18/2024</b>
Suggested Completion Date:	Actual Completion Date:				
<b>06/21/2024</b>	<b>06/18/2024</b>				

41. 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

<p>Corrections To Be Made:</p> <p><b>Provider could not locate emergency preparedness plan at time of inspection.</b></p> <p><b>A written emergency preparedness and response plan is to be in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication &amp; reunification with families; continuity of operations; and accommodation of infants &amp; toddlers, children with disabilities and children with chronic medical conditions</b></p> <p><b>*Correction: A copy of the Emergency Preparedness Plan was sent to the provider from the Office of Licensing and Accreditation file.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>06/21/2024</b></td> <td><b>06/11/2024</b></td> </tr> <tr> <td colspan="2">Status: <b>Corrected</b></td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	<b>06/21/2024</b>	<b>06/11/2024</b>	Status: <b>Corrected</b>	
Suggested Completion Date:	Actual Completion Date:						
<b>06/21/2024</b>	<b>06/11/2024</b>						
Status: <b>Corrected</b>							

**Summer Barger**  
 \_\_\_\_\_  
 Provider Signature

**06/11/2024**  
 \_\_\_\_\_  
 Date

**Sarah Boese**  
 \_\_\_\_\_  
 Inspector Signature

**06/11/2024**  
 \_\_\_\_\_  
 Date