

# Family Day Care Inspection Compliance Plan

Provider's Name: **Tessa Arechiga**

City: **Sioux Falls**

Provider Number: **018043171**

Inspector: **Teri Pieters**

Date of Inspection: **06/26/2023**

Time of Inspection: **3:00 PM**

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

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

87. If a pool is used, but not drained after each use, is there a five foot fence or barrier surrounding all sides of the pool and a locked gate restricting access into the pool area? 67:42:03:20

<p>Corrections To Be Made:</p> <p><b>The provider has an in-ground swimming pool that does not have a fence specifically around it.</b></p> <p><b>For safety reasons, it is necessary to have a barrier surrounding all sides of the pool and a locked gate to restrict access to the pool area.</b></p> <p><b>The provider developed and submitted a written plan to OLA outlining that gates will be in place on the back deck exits and the slider door will always remain locked during business hours; Outdoor play will be limited to the front yard only.</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>07/14/2023</b></td> <td style="text-align: center;"><b>07/25/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>07/14/2023</b>	<b>07/25/2023</b>
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**Tessa Arechiga**  
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Provider Signature

**07/26/2023**  
\_\_\_\_\_  
Date

**Teri Pieters**  
\_\_\_\_\_  
Inspector Signature

**07/26/2023**  
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Date