

Date Issued	April 15, 2025	Status	Closed
Provider Name	FOUCHE, AMANDA		
Provider ID	018043129		
Provider Address	1011 N Lincoln Ave, Sioux Falls, SD 57104, USA		
Provider Contact	AMANDA FOUCHE		

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

Compliance Plan Action #1

Administrative Rule:

67:42:17:38

The following must be inaccessible to a child:

- (1) Firearms;
- (2) Pellet guns, BB guns, and cap guns;
- (3) Matches and lighters;
- (4) Tobacco products;
- (5) Choking and strangulation hazards;
- (6) Items capable of being pulled or tipped onto a child;
- (7) A platform measuring more than thirty inches above ground level, unless surrounded by a railing that is at least thirty-six inches tall with no more than five inches between openings; and
- (8) Other hazardous condition as identified by the department.

The department may direct a provider to remove or correct a hazardous condition or circumstance not covered in this chapter, if the department considers the conditions or circumstances to have the potential to cause injury or illness to the children in care.

Summary of Non-Compliance Finding:

There is a large gap between the floorboards on the deck directly to the left of the front entrance. This poses a safety hazard to both children and adults entering the home, as it is the primary point of entry.

Corrections to be Made:

The floorboards on the deck must be repaired or replaced to eliminate the gap. Once the repairs are completed, photos documenting the correction must be submitted to the Office of Licensing and Accreditation by April 25, 2025.

Corrections Made:

04-15-25 Photo documentation received of the broken boards replaced on the deck.

Anticipated Completion Date:

April 25, 2025

Date Completed:

April 15, 2025

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

Amanda Fouche

Printed Name of Provider/Agency Contact



4/14/2025, 9:25:53 AM

Signature of Provider/Agency Contact

April 10, 2025

Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Rita Trager

Printed Name of DSS Staff



4/14/2025, 8:34:00 AM

Signature of DSS Staff:

April 14, 2025

Date
