

# Family Day Care Inspection Compliance Plan

Provider's Name: **Darla Kummer**

City: **Mitchell**

Provider Number: **014512620**

Inspector: **Sarah Deakins**

Date of Inspection: **06/28/2024**

Time of Inspection: **10:50 AM**

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

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

52. Is there an operating smoke detector with audible alarm located on each level of the home (regardless if level is used for care of children or not)? 67:42:17:37

<p>Corrections To Be Made:</p> <p><b>The smoke detectors are in an area in the home that required a ladder to reach. Provider will send video of all fire alarms.</b></p> <p><b>There must be an operating smoke detector with audible alarm located on each level of the home.</b></p> <p><b>Verification of operating smoke detectors on each level has been received.</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>07/08/2024</b></td> <td style="text-align: center;"><b>07/01/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>07/08/2024</b>	<b>07/01/2024</b>
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<b>07/08/2024</b>	<b>07/01/2024</b>				

**Darla Kummer**

Provider Signature

**08/15/2024**

Date

**Sarah Deakins**

Inspector Signature

**08/15/2024**

Date