Family Day Care Inspection
Compliance Plan

Provider's Name:	**Ashley Satre**	City:	**Sioux Falls**	Provider Number:	**018035818**
Inspector:	**Sarah Boese**	Date of Inspection:	**08/23/2024**	Time of Inspection:	**9:42 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

Corrections To Be Made:

MB - Immunization Records
EF - Immunization Records
AG - Immunization Records
EG - Immunization Records
SW - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/05/2024	**09/05/2024**

Status: **Corrected**

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

78. Is there documentation showing pets have current vaccination records? 67:42:17:40

Corrections To Be Made:

At the time of the inspection, the provider did not have current pet vaccination records.

There is to be documentation showing that the provider's pets have current vaccination records.

The provider submitted current vaccination records for her own pets to OLA.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/05/2024	**09/05/2024**

Status: **Corrected**

Ashley Satre	08/23/2024	Sarah Boese	08/23/2024
Provider Signature	Date	Inspector Signature	Date