Family Day Care Inspection
Compliance Plan

Provider's Name:	**Jodi Walker-Swenson**	City:	**Sioux Falls**	Provider Number:	**018041873**
Inspector:	**Sarah Boese**	Date of Inspection:	**10/05/2023**	Time of Inspection:	**10:09 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:

CF - Immunization Records
JJ - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/15/2023	**10/13/2023**

Status: **Corrected**

36. D o provider and family day care assistant ' s records contain all required information? 67:42:17:15

Corrections To Be Made:

JW - CPR

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/18/2023	**11/01/2023**

Status: **Corrected**

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

74. For each level of the home used for the care of children, are there 2 unblocked exits separate and remote from each other? 67:42:17:37 Note: Window wells or outside structures of building etc. cannot inhibit or prevent exiting.

Corrections To Be Made:	Agency Action:	
The bottom step of the deck used for outside exit is in need of repair where it connects to the railing. **The steps on the deck shall be safe and in good repair.** **The provider replaced the step on the deck.**	**Compliance Plan** Suggested Completion Date: **11/05/2023** Status: **Corrected**	 Actual Completion Date: **11/06/2023**

Jodi Walker-Swenson	**10/05/2023**	**Sarah Boese**	**10/05/2023**
Provider Signature	Date	Inspector Signature	Date