Family Day Care Inspection
Compliance Plan

Provider's Name:	**Susan Edwards**	City:	**Sioux Falls**	Provider Number:	**018042237**
Inspector:	**Sarah Boese**	Date of Inspection:	**04/05/2024**	Time of Inspection:	**11:20 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:

AC - Immunization Records
CC - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
04/12/2024	**04/11/2024**

Status: **Corrected**

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

53. If a fuel burning appliance is present in the home, is there a carbon monoxide detector installed according to the manufacturer ' s directions? 67:42:17:37

Corrections To Be Made:

The provider has a fuel burning appliance in the home, however, there is not a carbon monoxide detector installed.

The provider will install a carbon monoxide detector according the the manufacturer's directions.

***Correction: a carbon monoxide detector has been installed by the furnace area.**

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
04/12/2024	**04/10/2024**

Status: **Corrected**

Susan Edwards	04/05/2024	Sarah Boese	04/05/2024
Provider Signature	Date	Inspector Signature	Date