Family Day Care Inspection
Compliance Plan

Provider's Name:	**Cynthia Rust**	City:	**Sioux Falls**	Provider Number:	**018042776**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**03/05/2024**	Time of Inspection:	**9:14 AM**

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

A. Provider Practices/Maximum Capacity/Care of Children

26. If transporting children, is written permission from each child ' s parent obtained? 67:42:17:45

Corrections To Be Made:	Agency Action:	
There was not written transportation permission from each child's parent. **A child's parent or guardian shall provide written permission for the transportation of their child.** **Correction: The provider obtained written transportation permission from each child's parent.**	**Compliance Plan** Suggested Completion Date: **03/18/2024** Status: **Corrected**	Actual Completion Date: **03/14/2024**

B. Record Keeping/Emergency Preparedness

41. Is there a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

Corrections To Be Made:	Agency Action:	
The provider did not have a written emergency preparedness and response plan that outlined continuity of operations. **A provider shall have a written emergency preparedness and response plan in place which covers all areas required to include evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions.** **Correction: The provider updated their written emergency preparedness plan to outline all required areas.**	**Compliance Plan** Suggested Completion Date: **03/18/2024** Status: **Corrected**	Actual Completion Date: **03/19/2024**

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:	Agency Action:	
The provider did not have a carbon monoxide detector installed in the home. **A carbon monoxide detector must be installed, according to the manufacturer's instructions, if a fuel burning appliance is present in the home.** **Correction: The provider installed a carbon monoxide detector in the home.**	**Compliance Plan** Suggested Completion Date: **03/18/2024** Status: **Corrected**	Actual Completion Date: **03/15/2024**

Cindy Rust	**03/05/2024**	**Brooke Flemmer**	**03/05/2024**
Provider Signature	Date	Inspector Signature	Date