Program Inspection
Informal Provider
Compliance Plan

Provider's Name:	**Miklo Holliday**	City:	**Sioux Falls**	Provider Number:	**018043185**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**09/11/2023**	Time of Inspection:	**2:30 PM**

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

H. Emergency preparedness and response planning for emergencies resulting from a natural disaster or mancaused event

24. An operating smoke detector is located on each level of the home 67:47:01:13.01

Corrections To Be Made:	Agency Action:	
At the time of the inspection, none of the smoke detectors were operating. **Correction: The provider installed an operating smoke detector on each level of the home.**	**Compliance Plan**	
	Suggested Completion Date: **09/15/2023**	Actual Completion Date: **09/12/2023**
	Status: **Corrected**	

Miklo Holliday	**09/08/2023**	**Brooke Flemmer**	**09/08/2023**
Provider Signature	Date	Inspector Signature	Date