

# Family Day Care Inspection Compliance Plan

Provider's Name: **Karen Ahrendt**

City: **Sioux Falls**

Provider Number: **011503425**

Inspector: **Dwight Johnson**

Date of Inspection: **05/28/2020**

Time of Inspection: **1:00 PM**

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

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

60. Are frozen foods kept at a temperature of 0 degrees F or below? 67:42:03:11.08

Corrections To Be Made:

**The temperature in the freezer measured at 4 degrees F. The temperature needs to be maintained at zero degrees or below.**

**\*\*\*The Provider immediately adjusted the thermostat to reduce the freezer temperature.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**05/20/2020**

Status: **Corrected**

Actual  
Completion  
Date:

**05/28/2020**

**Karen Ahrendt**

Provider Signature

**05/28/2020**

Date

**Dwight Johnson**

Inspector Signature

**05/28/2020**

Date