Family Day Care Inspection Compliance Plan

Provider's Name: Carol Ferguson City: Sioux Falls Provider Number: 016536367

Inspector: **Dwight Johnson** Date of Inspection: **09/19/2019** Time of Inspection: **8:00 AM**

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

B. Record Keeping/Fire Safety & Emergency Weather Drills

32. Do provider and helper records contain all required information? 67:42:03:07.03

Corrections To Be Made:	Agency Action:	
BW - Training	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	10/19/2019	09/26/2019
	Status: Corrected	

36. Have all helpers completed six hours of training in at least three seperate topic areas in the past year? 67:42:03:07.02

Registered helper must complete 6 hours training in at least three separate topic areas annually.	Compliance Plan Suggested Completion	Actual
topic areas annually.	00	Actual
	Date:	Completior Date:
Correction: The registered helper submitted documentation for 6 hours training she completed in 2018.	10/01/2019	09/26/2019
	Status: Corrected	

Carol Ferguson	09/19/2019	Dwight Johnson	09/19/2019
Provider Signature	Date	Inspector Signature	Date