

Family Day Care Inspection Compliance Plan

Provider's Name: **Susan Edwards**

City: **Sioux Falls**

Provider Number: **018042237**

Inspector: **Charles Anderson**

Date of Inspection: **05/08/2018**

Time of Inspection: **9:15 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

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:

WF - Immunization Records
CG - Enrollment Date, Information Sheet, Emergency Contact, Physician
Contact, Emergency Permission, Immunization Records
AM - Immunization Records
ZP - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

05/22/2018

Actual
Completion
Date:

06/04/2018

Status: **Corrected**

37. Does the provider have a current CPR certification? 67:42:03:07.02

Corrections To Be Made:

A CPR class needs to be scheduled.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

05/22/2018

Actual
Completion
Date:

06/09/2018

Status: **Corrected**

38. Do the helpers have current CPR certification? 67:42:03:07.02

Corrections To Be Made:

A CPR class needs to be scheduled.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

05/22/2018

Actual
Completion
Date:

06/09/2018

Status: **Corrected**

Susan Edwards

Provider Signature

05/08/2018

Date

Charles Anderson

Inspector Signature

05/08/2018

Date