

# Family Day Care Inspection Compliance Plan

Provider's Name: **Rachelle Headley**

City: **Sioux Falls**

Provider Number: **018042443**

Inspector: **Michael  
Czmowski**

Date of Inspection: **01/08/2020**

Time of Inspection: **10:28 AM**

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

50. Is there a designated area for diaper changing that is easily cleanable and non-absorbent?  
67:42:03:12

Corrections To Be Made:

**Diaper changing pad has tears in surface. Diaper changing pad to be repaired or replaced.**

**\*Diaper changing pad has been replaced.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**02/08/2020**

Status: **Corrected**

Actual  
Completion  
Date:

**01/16/2020**

**Rachelle Headley**

Provider Signature

**01/08/2020**

Date

**Michael Czmowski**

Inspector Signature

**01/08/2020**

Date