

Family Day Care Inspection Compliance Plan

Provider's Name: **Kris Stark**

City: **Sioux Falls**

Provider Number: **010604753**

Inspector: **Kelly Gnat**

Date of Inspection: **10/24/2018**

Time of Inspection: **8:15 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:

CK - Immunization Records
AK - Immunization Records
LK - Immunization Records
DL - Immunization Records
CM - Immunization Records
JM - Immunization Records
JR - Emergency Permission
PS - Emergency Permission, Immunization Records
QS - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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11/15/2018	12/07/2018
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Status: **Corrected**

Kris Stark

Provider Signature

10/24/2018

Date

Kelly Gnat

Inspector Signature

10/24/2018

Date