

Family Day Care Inspection Compliance Plan

Provider's Name: **Kristina Stark**

City: **Sioux Falls**

Provider Number: **010604753**

Inspector: **Elijah Ehresmann**

Date of Inspection: **07/14/2020**

Time of Inspection: **11:09 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:

AA - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/14/2020

Actual
Completion
Date:

07/23/2020

Status: **Corrected**

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

Corrections To Be Made:

The helper has not completed six hours of training within the last year.

***Training completed.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/14/2020

Actual
Completion
Date:

08/18/2020

Status: **Corrected**

Kristina Stark

Provider Signature

07/14/2020

Date

Elijah Ehresmann

Inspector Signature

07/14/2020

Date