

Family Day Care Inspection Compliance Plan

Provider's Name: **Deanna Kost**

City: **Sioux Falls**

Provider Number: **011512662**

Inspector: **Shannon Terhark**

Date of Inspection: **02/12/2019**

Time of Inspection: **10:11 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

<p>Corrections To Be Made:</p> <p>JM - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">03/12/2019</td> <td style="text-align: center;">02/21/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/12/2019	02/21/2019
Suggested Completion Date:	Actual Completion Date:				
03/12/2019	02/21/2019				

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

<p>Corrections To Be Made:</p> <p>JK - Three References</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">03/12/2019</td> <td style="text-align: center;">02/21/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/12/2019	02/21/2019
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03/12/2019	02/21/2019				

Deanna Kost
Provider Signature

02/12/2019
Date

Shannon Terhark
Inspector Signature

02/12/2019
Date