

Family Day Care Inspection Compliance Plan

Provider's Name: **Carol Ferguson**

City: **Sioux Falls**

Provider Number: **016536367**

Inspector: **Lara Kvale**

Date of Inspection: **03/23/2018**

Time of Inspection: **9:09 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

<p>Corrections To Be Made:</p> <p>AG - Immunization Records</p>	<p>Agency Action:</p> <p>Statement of Understanding</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;">04/23/2018</td> <td style="text-align: center;">04/23/2018</td> </tr> </table> <p>Status: Corrected Immediately</p>	Suggested Completion Date:	Actual Completion Date:	04/23/2018	04/23/2018
Suggested Completion Date:	Actual Completion Date:				
04/23/2018	04/23/2018				

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

<p>Corrections To Be Made:</p> <p>BW - 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;">03/30/2018</td> <td style="text-align: center;">04/23/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/30/2018	04/23/2018
Suggested Completion Date:	Actual Completion Date:				
03/30/2018	04/23/2018				

Carol Ferguson

Provider Signature

03/23/2018

Date

Lara Kvale

Inspector Signature

03/23/2018

Date