

# Family Day Care Inspection Compliance Plan

Provider's Name: **Laurie Tanner**

City: **Sioux Falls**

Provider Number: **018029316**

Inspector: **Kelly Gnat**

Date of Inspection: **10/23/2018**

Time of Inspection: **4:30 PM**

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> <ul style="list-style-type: none"> <li>RB - Enrollment Date, Emergency Permission, Immunization Records</li> <li>BB - Emergency Permission</li> <li>CF - Enrollment Date, Emergency Permission, Immunization Records</li> <li>KF - Enrollment Date, Emergency Permission, Immunization Records</li> <li>AH - Enrollment Date, Emergency Permission</li> <li>CJ - Enrollment Date, Emergency Permission, Immunization Records</li> <li>HK - Enrollment Date, Emergency Permission</li> <li>KK - Enrollment Date, Emergency Permission</li> <li>DK - Enrollment Date, Emergency Permission</li> <li>EMH - Enrollment Date, Emergency Permission</li> <li>KP - Emergency Permission, Immunization Records</li> <li>VP - Emergency Permission</li> <li>AR - Enrollment Date, Emergency Permission</li> <li>TT - Enrollment Date, Emergency Permission, Immunization Records</li> <li>KV - Enrollment Date, Emergency Permission</li> <li>PW - Enrollment Date, Emergency Permission</li> </ul>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>11/23/2018</b></td> <td style="text-align: center;"><b>12/06/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/23/2018</b>	<b>12/06/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>11/23/2018</b>	<b>12/06/2018</b>				

**Laurie Bramstaedt**

**10/23/2018**

**Kelly Gnat**

**10/23/2018**

Provider Signature

Date

Inspector Signature

Date