

Family Day Care Inspection Compliance Plan

Provider's Name: **Tina Ward**

City: **Sioux Falls**

Provider Number: **018031381**

Inspector: **Kelly Gnat**

Date of Inspection: **08/06/2019**

Time of Inspection: **8:37 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:

HH - Immunization Records
NH - Immunization Records
CM - Immunization Records
SW - Immunization Records
CZ - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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09/06/2019

09/03/2019

Status: **Corrected**

Tina Ward

Provider Signature

08/06/2019

Date

Kelly Gnat

Inspector Signature

08/06/2019

Date