

Family Day Care Inspection Compliance Plan

Provider's Name: **Linda Puthoff**

City: **Sioux Falls**

Provider Number: **018033316**

Inspector: **Kelly Gnat**

Date of Inspection: **08/07/2018**

Time of Inspection: **11:30 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:

YA - Immunization Records
MA - Immunization Records
JB - Emergency Contact, Emergency Permission
KB - Immunization Records
VC - Immunization Records
HK - Immunization Records
CL - Emergency Contact, Emergency Permission
TL - Emergency Contact
AM - Emergency Contact, Emergency Permission, Immunization Records
ES - Immunization Records
AS - Emergency Contact, Emergency Permission, Immunization Records
KW - Immunization Records
WW - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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09/07/2018	09/25/2018
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Status: **Corrected**

Linda Puthoff

Provider Signature

08/07/2018

Date

Kelly Gnat

Inspector Signature

08/07/2018

Date