

# Family Day Care Inspection Compliance Plan

Provider's Name: **Cynthia McConniel**

City: **Sioux Falls**

Provider Number: **018041851**

Inspector: **Kelly Gnat**

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

Time of Inspection: **1:30 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

Corrections To Be Made:

**EB - Immunization Records**  
**EK - Immunization Records**  
**CM - Immunization Records**  
**HM - Immunization Records**

Agency Action:

### Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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**08/30/2018**

**08/31/2018**

Status: **Corrected**

**Cynthia McConniel**

Provider Signature

**08/08/2018**

Date

**Kelly Gnat**

Inspector Signature

**08/08/2018**

Date