

# Family Day Care Inspection Compliance Plan

Provider's Name: **Sue Ihnen**

City: **Sioux Falls**

Provider Number: **018042366**

Inspector: **Rita Trager**

Date of Inspection: **09/26/2018**

Time of Inspection: **9:23 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><b>MH - Immunization Records</b>  <b>RS - Information Sheet, Emergency Contact, Physician Contact, Emergency Permission, Immunization Records</b>  <b>TS - Information Sheet, Emergency Contact, Physician Contact, Emergency Permission, Immunization Records</b></p>	<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>09/30/2018</b></td> <td style="text-align: center;"><b>09/27/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/30/2018</b>	<b>09/27/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>09/30/2018</b>	<b>09/27/2018</b>				

**Sue Ihnen**

**09/26/2018**

Provider Signature

Date

**Rita Trager**

**09/26/2018**

Inspector Signature

Date