## **Family Day Care Inspection Compliance Plan**

Provider's Name: Nicole Splonskowski City: Sioux Falls Provider Number: 018042481

Inspector: Charles Anderson Date of Inspection: 03/29/2018 Time of Inspection: 8:45 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. D

30.	Does each child's record contain all required information? 67:42:16:	13	
	Corrections To Be Made:	Agency Action:	
	DB - Emergency Contact LE - Immunization Records PM - Emergency Permission MM - Enrollment Date, Information Sheet, Emergency Contact, Physician Contact, Emergency Permission, Immunization Records JO - Emergency Contact TS - Immunization Records JT - Emergency Contact, Immunization Records	Compliance Plan Suggested Completion Date: 04/12/2018 Status: Corrected	Actual Completion Date: 05/21/2018
34.	Has the provider completed six hours of training in at least three top hours, only three are limited to reading or watching TV or video etc.	•	t year? Of those
	Corrections To Be Made:	Agency Action:	
	Food Program and CPR in the last year.	Compliance Plan	
		Suggested	Actual

	Corrections To Be Made:	Agency Action:	
	Food Program and CPR in the last year.	Compliance Plan	
		Suggested Completion Date:	Actual Completion Date:
		04/30/2018 Status: Corrected	05/21/2018
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Nicole Splonskowski 03/29/2018 **Charles Anderson** 03/29/2018 Provider Signature Inspector Signature Date Date