

Family Day Care Inspection Compliance Plan

Provider's Name: **Suzanne Potratz**

City: **Sioux Falls**

Provider Number: **010608572**

Inspector: **Eric Anderson**

Date of Inspection: **07/21/2020**

Time of Inspection: **12:21 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

<p>Corrections To Be Made:</p> <p>QF - Immunization Records BL - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records JL - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records MT - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">08/20/2020</td> <td style="text-align: center;">08/20/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/20/2020	08/20/2020
Suggested Completion Date:	Actual Completion Date:				
08/20/2020	08/20/2020				

Suzanne Potratz

07/21/2020

Provider Signature

Date

Eric Anderson

07/21/2020

Inspector Signature

Date