

# Family Day Care Inspection Compliance Plan

Provider's Name: **Michele Kieso**

City: **Sioux Falls**

Provider Number: **011515416**

Inspector: **Rita Trager**

Date of Inspection: **11/16/2018**

Time of Inspection: **7:50 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:	Agency Action:	
<b>EC - Emergency Permission</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>12/15/2018</b>	<b>11/16/2018</b>
	Status: <b>Corrected</b>	

**MicheleKieso**

Provider Signature

**11/16/2018**

Date

**Rita Trager**

Inspector Signature

**11/16/2018**

Date