

# Family Day Care Inspection Compliance Plan

Provider's Name: **Theresa Senst**

City: **Sioux Falls**

Provider Number: **018042196**

Inspector: **Charles Anderson**

Date of Inspection: **05/30/2018**

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.

## A. Provider's Practices/Maximum Capacity/Care of Children

27. Are menus posted and retained for 6 months following the week it was prepared for? 67:42:03:13

Corrections To Be Made:

**Post menu and keep on file for 6 months.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**06/14/2018**

**06/05/2018**

Status: **Corrected**

## 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:

**IN - Immunization Records  
SN - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**06/14/2018**

**06/05/2018**

Status: **Corrected**

**Theresa Senst**

Provider Signature

**05/30/2018**

Date

**Charles Anderson**

Inspector Signature

**05/30/2018**

Date