

Family Day Care Inspection Compliance Plan

Provider's Name: **Cynthia Rust**

City: **Sioux Falls**

Provider Number: **018042776**

Inspector: **Denise Ferguson**

Date of Inspection: **06/10/2019**

Time of Inspection: **9:04 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:	
JF - Emergency Contact AM - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	06/28/2019	06/28/2019
	Status: Corrected	

Cynthia Rust

Provider Signature

06/10/2019

Date

Denise Ferguson

Inspector Signature

06/10/2019

Date