

Family Day Care Inspection Compliance Plan

Provider's Name: **Julia Maas**

City: **Sioux Falls**

Provider Number: **018042879**

Inspector: **Kelly Gnat**

Date of Inspection: **05/30/2019**

Time of Inspection: **8:00 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

<p>Corrections To Be Made:</p> <p>VH - Immunization Records RN - Immunization Records BO - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records TR - Immunization Records ET - 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;">06/30/2019</td> <td style="text-align: center;">06/12/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	06/30/2019	06/12/2019
Suggested Completion Date:	Actual Completion Date:				
06/30/2019	06/12/2019				

Julia Maas

Provider Signature

05/30/2019

Date

Kelly Gnat

Inspector Signature

05/30/2019

Date