Family Day Care Inspection
Compliance Plan

Provider's Name:	**Jennifer Holthe**	City:	**Sioux Falls**	Provider Number:	**010604845**
Inspector:	**Sarah Boese**	Date of Inspection:	**07/16/2024**	Time of Inspection:	**11:12 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:

MJ - Emergency Permission
TO - Emergency Permission

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
07/26/2024	**07/23/2024**

Status: **Corrected**

Jennifer Holthe	**07/16/2024**	**Sarah Boese**	**07/16/2024**
Provider Signature	Date	Inspector Signature	Date