Family Day Care Inspection
Compliance Plan

Provider's Name:	**Theresa Chastain**	City:	**Sioux Falls**	Provider Number:	**010606850**
Inspector:	**Patrick Waltman**	Date of Inspection:	**01/23/2023**	Time of Inspection:	**10:44 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:

PA - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records
LJ - Immunization Records
CW - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
02/13/2023	**02/09/2023**

Status: **Corrected**

Theresa Chastain	**01/23/2023**	**Patrick Waltman**	**01/23/2023**
Provider Signature	Date	Inspector Signature	Date