

Family Day Care Inspection Compliance Plan

Provider's Name: **Camille Dunnick**

City: **Sioux Falls**

Provider Number: **013003872**

Inspector: **Sarah Boese**

Date of Inspection: **08/15/2024**

Time of Inspection: **10:23 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

<p>Corrections To Be Made:</p> <p>RB - Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</p> <p>GC - Emergency Contact, Emergency Permission, Immunization Records</p> <p>CH - Immunization Records</p> <p>NM - Immunization Records</p> <p>BT - 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;">08/23/2024</td> <td style="text-align: center;">08/27/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/23/2024	08/27/2024
Suggested Completion Date:	Actual Completion Date:				
08/23/2024	08/27/2024				

Camille Dunnick

08/15/2024

Provider Signature

Date

Sarah Boese

08/15/2024

Inspector Signature

Date