Family Day Care Inspection
Compliance Plan

Provider's Name:	**Tonya Kinsey**	City:	**Sioux Falls**	Provider Number:	**017511144**
Inspector:	**Sarah Boese**	Date of Inspection:	**10/18/2023**	Time of Inspection:	**12:22 PM**

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:

AS - Emergency Permission, Immunization Records
JZ - Emergency Contact, Emergency Permission, Immunization Records
JZ - Emergency Contact, Emergency Permission, Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/23/2023	**10/31/2023**

Status: **Corrected**

Tonya Kinsey	**10/18/2023**	**Sarah Boese**	**10/18/2023**
Provider Signature	Date	Inspector Signature	Date