Family Day Care Inspection
Compliance Plan

Provider's Name:	**Kristina Pieschke**	City:	**Sioux Falls**	Provider Number:	**018041898**
Inspector:	**Sarah Boese**	Date of Inspection:	**06/21/2024**	Time of Inspection:	**12:19 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:

CD - Emergency Permission, Immunization Records
ED - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
06/28/2024	**06/21/2024**

Status: **Corrected Immediately**

Kristina Pieschke	**06/21/2024**	**Sarah Boese**	**06/21/2024**
Provider Signature	Date	Inspector Signature	Date