Family Day Care Inspection
Compliance Plan

Provider's Name:	**Leesa Rang**	City:	**Sioux Falls**	Provider Number:	**018042414**
Inspector:	**Sarah Boese**	Date of Inspection:	**07/30/2024**	Time of Inspection:	**11:07 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:

OM - Immunization Records
KR - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/09/2024	**07/30/2024**

Status: **Corrected**

36. D o provider and family day care assistant ' s records contain all required information? 67:42:17:15

Corrections To Be Made:

DR - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Five Year Screen

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/09/2024	**07/30/2024**

Status: **Corrected**

Lessa Rang	**07/30/2024**	**Sarah Boese**	**07/30/2024**
Provider Signature	Date	Inspector Signature	Date