Family Day Care Inspection
Compliance Plan

Provider's Name:	**Kandice Coomes**	City:	**Sioux Falls**	Provider Number:	**018042432**
Inspector:	**Rita Trager**	Date of Inspection:	**08/22/2023**	Time of Inspection:	**7:59 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:

AA - Information Sheet
CO - Immunization Records
MR - Emergency Permission

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/31/2023	**08/23/2023**

Status: **Corrected**

Kandice Coomes	**08/22/2023**	**Rita Trager**	**08/22/2023**
Provider Signature	Date	Inspector Signature	Date