Family Day Care Inspection
Compliance Plan

Provider's Name:	**Dinorah Younger**	City:	**Sioux Falls**	Provider Number:	**018042929**
Inspector:	**Chandra VanHout**	Date of Inspection:	**06/03/2024**	Time of Inspection:	**9:34 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

A. Provider Practices/Maximum Capacity/Care of Children

18. Is written consent obtained from each child ' s parent before administering all prescription and non-prescription medication? Does the consent include the child ' s name, name of medication and the dates, times, and dosage of the medication to be administered? 67:42:17:27

Corrections To Be Made:

There was not written consent to administer one medication for an allergy.

Written consent must be obtained before administering medication.

The provider obtained written consent to administer the medication.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
06/10/2024	**06/17/2024**

Status: **Corrected**

B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:

BB - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
06/24/2024	**06/04/2024**

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:	Agency Action:	
ER - Five Year Screen, CPR **JY - CPR**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	06/24/2024	**06/21/2024**
	Status: **Corrected**	

Dinorah Younger	**06/03/2024**	**Chandra VanHout**	**06/03/2024**
Provider Signature	Date	Inspector Signature	Date