Family Day Care Inspection
Compliance Plan

Provider's Name:	**Briana Thomas**	City:	**Sioux Falls**	Provider Number:	**018043050**
Inspector:	**Sarah Boese**	Date of Inspection:	**04/18/2024**	Time of Inspection:	**11:49 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

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:	
AB - C A/N Report Statement	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	05/10/2024	**05/08/2024**
	Status: **Corrected**	

Briana Thomas	**04/18/2024**	**Sarah Boese**	**04/18/2024**
Provider Signature	Date	Inspector Signature	Date