Family Day Care Inspection
Compliance Plan

Provider's Name:	**Brandi Theiss- Rhody**	City:	**Sioux Falls**	Provider Number:	**018043174**
Inspector:	**Sarah Boese**	Date of Inspection:	**09/05/2024**	Time of Inspection:	**11:17 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:

MM - Immunization Records
MS - Immunization Records
CW - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/19/2024	**10/16/2024**

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:

NR - CPR

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/19/2024	**10/16/2024**

Status: **Corrected**

Brandi Rhody	**09/05/2024**	**Sarah Boese**	**09/05/2024**
Provider Signature	Date	Inspector Signature	Date