

Family Day Care Inspection Compliance Plan

Provider's Name: **Nahida Barwari**

City: **Sioux Falls**

Provider Number: **010604963**

Inspector: **Shannon Terhark**

Date of Inspection: **07/30/2019**

Time of Inspection: **9:35 AM**

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

B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:

EK - Immunization Records
EK - Immunization Records
ET - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

08/15/2019

08/06/2019

Status: **Corrected**

Nahida Barwari

Provider Signature

07/30/2019

Date

Shannon Terhark

Inspector Signature

07/30/2019

Date