

Family Day Care Inspection Compliance Plan

Provider's Name: **Amber Spalding**

City: **Sioux Falls**

Provider Number: **018042563**

Inspector: **Kelly Gnat**

Date of Inspection: **05/30/2019**

Time of Inspection: **10:15 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:

**RD - Immunization Records
EE - Immunization Records
RJ - Immunization Records
DM - Immunization Records
WS - Immunization Records**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

06/30/2019

Actual
Completion
Date:

07/01/2019

Status: **Corrected**

Amber Spaulding

Provider Signature

05/30/2019

Date

Kelly Gnat

Inspector Signature

05/30/2019

Date