

Family Day Care Inspection Compliance Plan

Provider's Name: **LeAnn Werner**

City: **Sioux Falls**

Provider Number: **010605324**

Inspector: **Eric Anderson**

Date of Inspection: **10/14/2020**

Time of Inspection: **9:10 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:

MS - Immunization Records
IW - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/14/2020

Actual
Completion
Date:

10/28/2020

Status: **Corrected**

LeAnn Werner

Provider Signature

10/14/2020

Date

Eric Anderson

Inspector Signature

10/14/2020

Date