

# Complaint Inspection Compliance Plan

**Provider's Name:** Tamara Dixon

**City:** Sioux Falls

**Provider Number:** 010605634

**Provider Type:** FDC

**Date Agency Action Issued:** 05/08/2018

The provider was found to not be in compliance with the following items.

## **67:42:16:09 - Reporting incidents or changes in circumstances.**

### **Summary of Compliance Issue:**

Change of circumstances - Provider did not report a change in the household composition.

**Status:** Founded

**Agency Action:** Letter of Notification