

Family Day Care Inspection Compliance Plan

Provider's Name: **Camille Dunnick**

City: **Sioux Falls**

Provider Number: **013003872**

Inspector: **Charles Anderson**

Date of Inspection: **02/21/2018**

Time of Inspection: **9:49 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:

GB - Immunization Records
SD - Immunization Records
ED - Immunization Records
JP - Immunization Records
MS - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

03/07/2018

Actual
Completion
Date:

03/22/2018

Status: **Corrected**

Camille Dunnick

Provider Signature

02/21/2018

Date

Charles Anderson

Inspector Signature

02/21/2018

Date