

Family Day Care Inspection Compliance Plan

Provider's Name: **Tina Ward**

City: **Sioux Falls**

Provider Number: **018031381**

Inspector: **Denise Ferguson**

Date of Inspection: **12/10/2018**

Time of Inspection: **8:14 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:	Agency Action:	
NH - Immunization Records CZ - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	12/31/2018	12/13/2018
	Status: Corrected	

Tina Ward

Provider Signature

12/10/2018

Date

Denise Ferguson

Inspector Signature

12/10/2018

Date