

Family Day Care Inspection Compliance Plan

Provider's Name: **Tammy Remillard**

City: **Sioux Falls**

Provider Number: **018031734**

Inspector: **Rita Trager**

Date of Inspection: **08/20/2018**

Time of Inspection: **2:56 PM**

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:
KD - Emergency Permission	Compliance Plan
CE - Emergency Permission	Suggested Completion Date:
CH - Emergency Permission, Immunization Records	Actual Completion Date:
JH - Emergency Permission	08/31/2018 08/23/2018
*Updated information received.	Status: Corrected

Tammy Remillard

08/20/2018

Provider Signature

Date

Rita Trager

08/20/2018

Inspector Signature

Date