

# Family Day Care Inspection Compliance Plan

Provider's Name: **Susan Edwards**

City: **Sioux Falls**

Provider Number: **018042237**

Inspector: **Dwight Johnson**

Date of Inspection: **03/12/2019**

Time of Inspection: **2:00 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:

**CG - Immunization Records**  
**MM - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**04/12/2019**

Actual  
Completion  
Date:

**04/02/2019**

Status: **Corrected**

**Susan Edwards**

Provider Signature

**03/12/2019**

Date

**Dwight Johnson**

Inspector Signature

**03/12/2019**

Date