

Family Day Care Inspection Compliance Plan

Provider's Name: **Nichole Grosdidier**

City: **Sioux Falls**

Provider Number: **018042755**

Inspector: **Dwight Johnson**

Date of Inspection: **02/27/2019**

Time of Inspection: **8:15 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:

CG - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

03/27/2019

Actual
Completion
Date:

03/08/2019

Status: **Corrected**

Nichole Grosdidier

Provider Signature

02/27/2019

Date

Dwight Johnson

Inspector Signature

02/27/2019

Date