

# Family Day Care Inspection Compliance Plan

Provider's Name: **Alysia Livermont**

City: **Sioux Falls**

Provider Number: **018042806**

Inspector: **Stacie Ugofsky**

Date of Inspection: **08/29/2019**

Time of Inspection: **1:13 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:	
<b>LH - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>09/15/2018</b>	<b>09/10/2019</b>
	Status: <b>Corrected</b>	

**Alysia Harvey**

Provider Signature

**08/29/2019**

Date

**Stacie Ugofsky**

Inspector Signature

**08/29/2019**

Date