Family Day Care Inspection
Compliance Plan

Provider's Name:	**Angela Oorlog**	City:	**Sioux Falls**	Provider Number:	**010604044**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**04/09/2024**	Time of Inspection:	**8:52 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:

KL - Immunization Records
WO - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
04/30/2024	**04/11/2024**

Status: **Corrected**

Angela Oorlog	**04/09/2024**	**Brooke Flemmer**	**04/09/2024**
Provider Signature	Date	Inspector Signature	Date