Family Day Care Inspection
Compliance Plan

Provider's Name:	**Leann Werner**	City:	**Sioux Falls**	Provider Number:	**010605324**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**03/31/2023**	Time of Inspection:	**8:27 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:	Agency Action:	
LS - Emergency Contact	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	04/14/2023	**04/03/2023**
	Status: **Corrected**	

Leann Werner	**03/31/2023**	**Brooke Flemmer**	**03/31/2023**
Provider Signature	Date	Inspector Signature	Date