

Program Inspection Informal Provider Compliance Plan

Provider's Name: **Michelle Brown**

City: **Sioux Falls**

Provider Number: **010607669**

Inspector: **Rita Trager**

Date of Inspection: **04/19/2023**

Time of Inspection: **4:00 PM**

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

B. Prevention and control of infectious diseases

4. Immunization records verify that children in care meet the Department of Health's immunization standards 67:47:01:13.01

Corrections To Be Made:	Agency Action:	
Current shot records to be available.	Compliance Plan	
*Correction: current shot records are now available.	Suggested Completion Date:	Actual Completion Date:
	06/21/2023	04/20/2023
	Status: Corrected	

Michelle Brown

Provider Signature

04/19/2023

Date

Rita Trager

Inspector Signature

04/19/2023

Date