Family Day Care Inspection
Compliance Plan

Provider's Name:	**Amy Lawson**	City:	**Sioux Falls**	Provider Number:	**011515369**
Inspector:	**Todd Lowe**	Date of Inspection:	**03/28/2023**	Time of Inspection:	**10:19 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:	
LM - Immunization Records	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	04/11/2023	**04/05/2023**
	Status: **Corrected**	

Amy Lawson	**03/28/2023**	**Todd Lowe**	**03/28/2023**
Provider Signature	Date	Inspector Signature	Date