

# Family Day Care Inspection Compliance Plan

Provider's Name: **Camille Dunnick**

City: **Sioux Falls**

Provider Number: **013003872**

Inspector: **Sarah Boese**

Date of Inspection: **11/16/2023**

Time of Inspection: **11:20 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:	Agency Action:	
<b>CH - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>11/22/2023</b>	<b>11/22/2023</b>
	Status: <b>Corrected</b>	

**Camille Dunnick**

Provider Signature

**11/16/2023**

Date

**Sarah Boese**

Inspector Signature

**11/16/2023**

Date