Family Day Care Inspection
Compliance Plan

Provider's Name:	**Tracy Robinson**	City:	**Sioux Falls**	Provider Number:	**013501698**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**04/06/2023**	Time of Inspection:	**8:30 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:

JC - Immunization Records
OR - Immunization Records
SW - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
04/20/2023	**04/11/2023**

Status: **Corrected**

Tracy Robinson	**04/06/2023**	**Brooke Flemmer**	**04/06/2023**
Provider Signature	Date	Inspector Signature	Date