

# Family Day Care Inspection Compliance Plan

Provider's Name: **Alice Pike**

City: **Rapid City**

Provider Number: **016515778**

Inspector: **Andrea Neff**

Date of Inspection: **03/14/2023**

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:

**CH - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**03/28/2023**

Actual  
Completion  
Date:

**03/17/2023**

Status: **Corrected**

**Alice Pike**

Provider Signature

**03/14/2023**

Date

**Andrea Neff**

Inspector Signature

**03/14/2023**

Date