

# Family Day Care Inspection Compliance Plan

Provider's Name: **Amber Spalding**

City: **Sioux Falls**

Provider Number: **018042563**

Inspector: **Sarah Boese**

Date of Inspection: **06/28/2023**

Time of Inspection: **3:15 PM**

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:

**JS - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**07/19/2023**

Actual  
Completion  
Date:

**07/18/2023**

Status: **Corrected**

**Amber Spalding**

Provider Signature

**06/28/2023**

Date

**Sarah Boese**

Inspector Signature

**06/28/2023**

Date