Family Day Care Inspection
Compliance Plan

Provider's Name:	**Nichole Grosdidier**	City:	**Sioux Falls**	Provider Number:	**018042755**
Inspector:	**Renee Strong**	Date of Inspection:	**08/31/2023**	Time of Inspection:	**9:49 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:	
LD - Immunization Records	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	09/15/2023	**09/11/2023**
	Status: **Corrected**	

Nichole Grosdidier	**08/31/2023**	**Renee Strong**	**08/31/2023**
Provider Signature	Date	Inspector Signature	Date