

Family Day Care Inspection Compliance Plan

Provider's Name: **Chaya(Mussie)Alperowitz**

City: **Sioux Falls**

Provider Number: **018042925**

Inspector: **Todd Lowe**

Date of Inspection: **05/17/2022**

Time of Inspection: **11:08 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:

**LA - Immunization Records
RA - Immunization Records**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

06/01/2022

Actual
Completion
Date:

06/08/2022

Status: **Corrected**

Mussie Alperowitz

Provider Signature

05/17/2022

Date

Todd Lowe

Inspector Signature

05/17/2022

Date