Family Day Care Inspection
Compliance Plan

Provider's Name:	**Lillian Lukuke**	City:	**Sioux Falls**	Provider Number:	**018042987**
Inspector:	**Stacie Ugofsky**	Date of Inspection:	**11/18/2022**	Time of Inspection:	**1:30 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:

CK - Immunization Records
ZT - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/15/2022	**12/08/2022**

Status: **Corrected**

Lillian Lukuke	**12/08/2022**	**Stacie Ugofsky**	**12/08/2022**
Provider Signature	Date	Inspector Signature	Date