Family Day Care Inspection
Compliance Plan

Provider's Name:	**Michelle Lemke**	City:	**Sioux Falls**	Provider Number:	**018043182**
Inspector:	**Rita Trager**	Date of Inspection:	**09/18/2024**	Time of Inspection:	**3:52 PM**

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

33. Does the provider have verification of current immunization records for their own children under the age of six or not enrolled in school? 67:42:17:24

Corrections To Be Made:	Agency Action:	
The provider does not have verification of current immunizations for their child. **Documentation of current immunizations to be provided to Office of Licensing and Accreditation.** ***Correction: documentation of current immunization records received on this date.**	**Compliance Plan** Suggested Completion Date: **09/25/2024** Status: **Corrected**	Actual Completion Date: **09/19/2024**

Michelle Lemke	**09/19/2024**	**Rita Trager**	**09/19/2024**
Provider Signature	Date	Inspector Signature	Date