

Family Day Care Inspection Compliance Plan

Provider's Name: **Jolene Herrick**

City: **Sioux Falls**

Provider Number: **014503895**

Inspector: **Eric Anderson**

Date of Inspection: **10/13/2020**

Time of Inspection: **11:58 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:	Agency Action:	
LA - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/13/2020	10/30/2020
	Status: Corrected	

Jolene Herrick

Provider Signature

10/13/2020

Date

Eric Anderson

Inspector Signature

10/13/2020

Date