

# Family Day Care Inspection Compliance Plan

Provider's Name: **Wanda Hartle**

City: **Sioux Falls**

Provider Number: **018031240**

Inspector: **Rita Trager**

Date of Inspection: **02/23/2018**

Time of Inspection: **9:48 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:

**BW - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**03/15/2018**

Actual  
Completion  
Date:

**03/02/2018**

Status: **Corrected**

**Wanda Hartle**

Provider Signature

**02/23/2018**

Date

**Rita Trager**

Inspector Signature

**02/23/2018**

Date