

Family Day Care Inspection Compliance Plan

Provider's Name: **Jennifer Fenicle**

City: **Sioux Falls**

Provider Number: **018042171**

Inspector: **Charles Anderson**

Date of Inspection: **04/09/2018**

Time of Inspection: **9:30 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:	
FG - Immunization Records MR - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	04/23/2018	04/12/2018
	Status: Corrected	

Jennifer Fenicle

Provider Signature

04/09/2018

Date

Charles Anderson

Inspector Signature

04/09/2018

Date