

Family Day Care Inspection Compliance Plan

Provider's Name: **Julie Wheeler**

City: **Rapid City**

Provider Number: **010602878**

Inspector: **Jennifer Preuninger**

Date of Inspection: **02/27/2018**

Time of Inspection: **9:50 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

<p>Corrections To Be Made:</p> <p>AK - Immunization Records TR - Enrollment Date EW - Enrollment Date, Information Sheet, Emergency Contact, Physician Contact, Emergency Permission ZW - Enrollment Date, Information Sheet, Emergency Contact, Physician Contact, Emergency Permission</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">03/17/2018</td> <td style="text-align: center;">03/06/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/17/2018	03/06/2018
Suggested Completion Date:	Actual Completion Date:				
03/17/2018	03/06/2018				

Julie Wheeler

02/27/2018

Jennifer Preuninger

02/27/2018

Provider Signature

Date

Inspector Signature

Date