

Family Day Care Inspection Compliance Plan

Provider's Name: **Julie Wheeler**

City: **Rapid City**

Provider Number: **010602878**

Inspector: **Ann Marie Sailer**

Date of Inspection: **03/03/2020**

Time of Inspection: **9:00 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:

EB - Immunization Records
MB - Immunization Records
RF - Immunization Records
JP - Immunization Records
OP - Immunization Records
EW - Immunization Records
ZW - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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03/17/2020

03/13/2020

Status: **Corrected**

Julie Wheeler

Provider Signature

03/03/2020

Date

Ann Marie Sailer

Inspector Signature

03/03/2020

Date