

Family Day Care Inspection Compliance Plan

Provider's Name: **Ann Feltman**

City: **De Smet**

Provider Number: **011509016**

Inspector: **Charles Schmidt**

Date of Inspection: **10/09/2019**

Time of Inspection: **1:13 PM**

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> <ul style="list-style-type: none"> SG - Emergency Permission BH - Emergency Permission JH - Emergency Permission KH - Emergency Permission SL - Emergency Permission JP - Emergency Permission ZS - Emergency Contact, Emergency Permission 	<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;">11/30/2019</td> <td style="text-align: center;">10/22/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/30/2019	10/22/2019
Suggested Completion Date:	Actual Completion Date:				
11/30/2019	10/22/2019				

Ann Feltman

10/09/2019

Provider Signature

Date

Charles Schmidt

10/09/2019

Inspector Signature

Date