

# Family Day Care Inspection Compliance Plan

Provider's Name: **Leslie Aul-Broz**

City: **Pierre**

Provider Number: **010611185**

Inspector: **Becky Hurst**

Date of Inspection: **06/04/2019**

Time of Inspection: **10:20 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:

**OS - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**06/11/2019**

Actual  
Completion  
Date:

**06/06/2019**

Status: **Corrected**

**Leslie Aul-Broz**

Provider Signature

**06/04/2019**

Date

**Becky Hurst**

Inspector Signature

**06/04/2019**

Date