

# Family Day Care Inspection Compliance Plan

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

City: **Pierre**

Provider Number: **010611185**

Inspector: **Brian DeShazer**

Date of Inspection: **01/23/2020**

Time of Inspection: **9:18 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:

**RB - Immunization Records**  
**MD - Immunization Records**  
**SD - Immunization Records**  
**AK - Immunization Records**  
**EW - Immunization Records**  
**KW - Immunization Records**

Agency Action:

### Compliance Plan

Suggested Completion Date:	Actual Completion Date:
----------------------------------	-------------------------------

**02/02/2020**

**02/11/2020**

Status: **Corrected**

**Leslie Aul-Broz**

Provider Signature

**01/23/2020**

Date

**Brian DeShazer**

Inspector Signature

**01/23/2020**

Date