

# Family Day Care Inspection Compliance Plan

Provider's Name: **Jessica Schwartz**

City: **Pierre**

Provider Number: **010611405**

Inspector: **Christina Lusk**

Date of Inspection: **04/06/2018**

Time of Inspection: **9:09 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## C. Health & Safety Features of the Home - Indoor Environmental Observations

72. Is there documentation showing pets have current vaccination records? 67:42:03:22

Corrections To Be Made:

**The provider did not have documentation at the time of inspection. The provider either needs to obtain the documentation or have pets vaccinated.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**04/16/2018**

Actual  
Completion  
Date:

**04/12/2018**

Status: **Corrected**

**Jessica Schwartz**

Provider Signature

**04/06/2018**

Date

**Christina Lusk**

Inspector Signature

**04/06/2018**

Date