

Family Day Care Inspection Compliance Plan

Provider's Name: **Natalia Langbehn**

City: **Brookings**

Provider Number: **011517354**

Inspector: **Rachel Holm**

Date of Inspection: **11/04/2019**

Time of Inspection: **10:58 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:

HE - Immunization Records
BG - Immunization Records
SJ - Emergency Contact, Emergency Permission, Immunization Records
LM - Immunization Records
EW - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

12/04/2019

Actual
Completion
Date:

11/17/2019

Status: **Corrected**

Natalia Langbehn

Provider Signature

11/04/2019

Date

Rachel Holm

Inspector Signature

11/04/2019

Date