

# Family Day Care Inspection Compliance Plan

Provider's Name: **Jodey Haag**

City: **Yankton**

Provider Number: **014508860**

Inspector: **Stacy Wildermuth**

Date of Inspection: **08/22/2018**

Time of Inspection: **9:45 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:	Agency Action:	
<b>BD - Immunization Records</b> <b>AL - Immunization Records</b> <b>JN - Immunization Records</b> <b>MS - Immunization Records</b>	<b>Compliance Plan</b>	
<b>All children's immunization records are now current.</b>	Suggested Completion Date: <b>08/31/2018</b>	Actual Completion Date: <b>08/29/2018</b>
	Status: <b>Corrected</b>	

**Jodey**

Provider Signature

**08/22/2018**

Date

**Stacy Wildermuth**

Inspector Signature

**08/22/2018**

Date