

# Family Day Care Inspection Compliance Plan

Provider's Name: **Jodey Haag**

City: **Yankton**

Provider Number: **014508860**

Inspector: **Stacy Wildermuth**

Date of Inspection: **04/03/2019**

Time of Inspection: **8:15 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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li><b>JB - Immunization Records</b></li> <li><b>HC - Immunization Records</b></li> <li><b>BD - Immunization Records</b></li> <li><b>JK - Immunization Records</b></li> <li><b>JK - Immunization Records</b></li> <li><b>JN - Immunization Records</b></li> <li><b>MS - Immunization Records</b></li> </ul>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>04/12/2019</b></td> <td style="text-align: center;"><b>04/26/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>04/12/2019</b>	<b>04/26/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>04/12/2019</b>	<b>04/26/2019</b>				

**Jodey Haag**

Provider Signature

**04/03/2019**

Date

**Stacy Wildermuth**

Inspector Signature

**04/03/2019**

Date