

Family Day Care Inspection Compliance Plan

Provider's Name: **Renee Wald**

City: **Pierre**

Provider Number: **015506931**

Inspector: **Kelly Gnat**

Date of Inspection: **07/14/2020**

Time of Inspection: **8:56 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"> LA - Emergency Permission KB - Emergency Permission CC - Emergency Permission, Immunization Records KC - Emergency Permission, Immunization Records MI - Emergency Permission PK - Emergency Permission, Immunization Records AK - Emergency Permission, Immunization Records EL - Immunization Records OR - Immunization Records 	<p>Agency Action:</p> <p>Compliance Plan</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;">08/14/2020</td> <td style="text-align: center;">08/18/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/14/2020	08/18/2020
Suggested Completion Date:	Actual Completion Date:				
08/14/2020	08/18/2020				

Rene Wald

Provider Signature

07/14/2020

Date

Kelly Gnat

Inspector Signature

07/14/2020

Date