

Family Day Care Inspection Compliance Plan

Provider's Name: **Leah Grueschow**

City: **Rapid City**

Provider Number: **016527880**

Inspector: **Jennifer Preuninger**

Date of Inspection: **02/27/2018**

Time of Inspection: **12:04 PM**

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> <p>JB - Immunization Records LJ - Emergency Permission OK - Immunization Records AS - Immunization Records</p>	<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;">03/13/2018</td> <td style="text-align: center;">03/15/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/13/2018	03/15/2018
Suggested Completion Date:	Actual Completion Date:				
03/13/2018	03/15/2018				

Leah Grueschow

02/27/2018

Provider Signature

Date

Jennifer Preuninger

02/27/2018

Inspector Signature

Date