

# Family Day Care Inspection Compliance Plan

Provider's Name: **Heather Kreutz**

City: **Sturgis**

Provider Number: **016533640**

Inspector: **Terra Robbins**

Date of Inspection: **06/20/2019**

Time of Inspection: **9:30 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>CK - Emergency Permission</b></li> <li><b>EK - Immunization Records</b></li> <li><b>KK - Immunization Records</b></li> <li><b>BM - Immunization Records</b></li> <li><b>LR - Immunization Records</b></li> <li><b>SR - 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>07/20/2019</b></td> <td style="text-align: center;"><b>07/25/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>07/20/2019</b>	<b>07/25/2019</b>
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<b>07/20/2019</b>	<b>07/25/2019</b>				

**Heather Kreutz**

**06/20/2019**

Provider Signature

Date

**Terra Robbins**

**06/20/2019**

Inspector Signature

Date