

Family Day Care Inspection Compliance Plan

Provider's Name: **Dephne Schick**

City: **Rapid City**

Provider Number: **016598153**

Inspector: **Ann Marie Sailer**

Date of Inspection: **03/26/2018**

Time of Inspection: **9:00 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:

LB - Immunization Records
AH - Immunization Records
BP - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

04/09/2018

Actual
Completion
Date:

04/18/2018

Status: **Corrected**

Dephne Schick

Provider Signature

03/26/2018

Date

Ann Marie Sailer

Inspector Signature

03/26/2018

Date