

Family Day Care Inspection Compliance Plan

Provider's Name: **Crystal Larson**

City: **Rapid City**

Provider Number: **016598377**

Inspector: **Tina Uecker**

Date of Inspection: **04/12/2018**

Time of Inspection: **8:49 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"> LB - Immunization Records RB - Immunization Records OI - Immunization Records FK - Immunization Records KP - Immunization Records ES - 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;">04/30/2018</td> <td style="text-align: center;">06/06/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	04/30/2018	06/06/2018
Suggested Completion Date:	Actual Completion Date:				
04/30/2018	06/06/2018				

Crystal Larson

Provider Signature

04/12/2018

Date

Tina Uecker

Inspector Signature

04/12/2018

Date