

Family Day Care Inspection Compliance Plan

Provider's Name: **Crystal Larson**

City: **Rapid City**

Provider Number: **016598377**

Inspector: **Tina Uecker**

Date of Inspection: **02/26/2020**

Time of Inspection: **10:02 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:

**CB - Immunization Records
OI - Immunization Records
FK - Immunization Records**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

03/26/2020

03/10/2020

Status: **Corrected**

Crystal Larson

Provider Signature

02/26/2020

Date

Tina Uecker

Inspector Signature

02/26/2020

Date