

Family Day Care Inspection Compliance Plan

Provider's Name: **Jamie Phillips**

City: **Rapid City**

Provider Number: **016598664**

Inspector: **Robert Weig**

Date of Inspection: **01/22/2020**

Time of Inspection: **11:04 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:

PD - Immunization Records
RH - Immunization Records
TH - Immunization Records
TP - Immunization Records
JS - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

02/04/2020

Actual
Completion
Date:

01/31/2020

Status: **Corrected**

Jamie Phillips

Provider Signature

01/22/2020

Date

Robert Weig

Inspector Signature

01/22/2020

Date