

# Family Day Care Inspection Compliance Plan

Provider's Name: **Tanya Reszler**

City: **Aberdeen**

Provider Number: **010607104**

Inspector: **Clint Rux**

Date of Inspection: **08/28/2024**

Time of Inspection: **9:50 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li><b>AB - Immunization Records</b></li> <li><b>MM - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission</b></li> <li><b>TM - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission</b></li> <li><b>EN - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission</b></li> <li><b>WS - 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>09/27/2024</b></td> <td style="text-align: center;"><b>10/29/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/27/2024</b>	<b>10/29/2024</b>
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<b>09/27/2024</b>	<b>10/29/2024</b>				

**Tanya Reszler**

Provider Signature

**08/28/2024**

Date

**Clint Rux**

Inspector Signature

**08/28/2024**

Date