

Family Day Care Inspection Compliance Plan

Provider's Name: **Jessica Schwartz**

City: **Pierre**

Provider Number: **010611405**

Inspector: **Chad Wrightson**

Date of Inspection: **11/14/2024**

Time of Inspection: **10:33 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

Corrections To Be Made:

CK - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

12/01/2024

Actual
Completion
Date:

11/19/2024

Status: **Corrected**

Jessica Schwartz

Provider Signature

11/14/2024

Date

Chad Wrightson

Inspector Signature

11/14/2024

Date