

# Family Day Care Inspection Compliance Plan

Provider's Name: **Amanda Lammon**

City: **Aberdeen**

Provider Number: **011008482**

Inspector: **Clint Rux**

Date of Inspection: **10/15/2024**

Time of Inspection: **9:30 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:	Agency Action:	
<b>AB - Immunization Records</b> <b>SB - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>11/15/2024</b>	<b>10/15/2024</b>
	Status: <b>Corrected Immediately</b>	

36. Do provider and family day care assistant 's records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
<b>AL - Level II Complete</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>11/15/2024</b>	<b>12/02/2024</b>
	Status: <b>Corrected</b>	

**Amanda Lammon**

Provider Signature

**10/15/2024**

Date

**Clint Rux**

Inspector Signature

**10/15/2024**

Date