

# Program Inspection Compliance Plan

Provider's Name: **Backyard Bulldogs**

City: **Milbank**

Provider Number: **011102496**

Inspector: **Ambuer Jaacks**

Date of Inspection: **10/12/2022**

Time of Inspection: **12:15 PM**

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

## J. Written Program Policies

58. Policies related to requirement for feeding of infants? 67:42:10:10

Corrections To Be Made:

**Policy not available in program handbooks at time of inspection.**

**Correction: Verificaiton received that policy has been added to program's policies.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**11/12/2022**

Actual  
Completion  
Date:

**10/28/2022**

Status: **Corrected**

**Kelsey Buttke**

Provider Signature

**10/12/2022**

Date

**Ambuer Jaacks**

Inspector Signature

**10/12/2022**

Date