Family Day Care Inspection
Compliance Plan

Provider's Name:	**Ann Feltman**	City:	**De Smet**	Provider Number:	**011509016**
Inspector:	**Ambuer Jaacks**	Date of Inspection:	**11/28/2023**	Time of Inspection:	**1:06 PM**

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:

GO - Immunization Records
LP - Immunization Records
SS - Emergency Permission

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/12/2023	**12/13/2023**

Status: **Corrected**

Ann Feltman	**11/28/2023**	**Ambuer Jaacks**	**11/28/2023**
Provider Signature	Date	Inspector Signature	Date