

# Family Day Care Inspection Compliance Plan

Provider's Name: **Kaylee Johnson**

City: **Brookings**

Provider Number: **011517601**

Inspector: **Ambuer Jaacks**

Date of Inspection: **10/26/2022**

Time of Inspection: **10:22 AM**

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

## B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:	Agency Action:	
<b>MM - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>11/26/2022</b>	<b>11/14/2022</b>
	Status: <b>Corrected</b>	

**Kaylee Johnson**

Provider Signature

**10/26/2022**

Date

**Ambuer Jaacks**

Inspector Signature

**10/26/2022**

Date