

Family Day Care Inspection Compliance Plan

Provider's Name: **Kaylee Johnson**

City: **Brookings**

Provider Number: **011517601**

Inspector: **Ambuer Jaacks**

Date of Inspection: **10/16/2024**

Time of Inspection: **3:01 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:	Agency Action:
LC - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission	Compliance Plan
LN - Immunization Records	Suggested Completion Date:
RN - Immunization Records	Actual Completion Date:
	11/08/2024
	11/18/2024
	Status: Corrected

Kaylee Johnson

Provider Signature

10/16/2024

Date

Ambuer Jaacks

Inspector Signature

10/16/2024

Date