

# Family Day Care Inspection Compliance Plan

Provider's Name: **Tammy Herold**

City: **Brookings**

Provider Number: **011517619**

Inspector: **Ambuer Jaacks**

Date of Inspection: **08/10/2023**

Time of Inspection: **9:13 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>IN - Emergency Permission, Immunization Records</b> <b>RN - Emergency Permission, Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>08/24/2023</b>	<b>08/22/2023</b>
	Status: <b>Corrected</b>	

**Tammy Herold**

Provider Signature

**08/10/2023**

Date

**Ambuer Jaacks**

Inspector Signature

**08/10/2023**

Date