

# Family Day Care Inspection Compliance Plan

Provider's Name: **Amy Fowler**

City: **Pierre**

Provider Number: **014512583**

Inspector: **Sarah Deakins**

Date of Inspection: **11/16/2023**

Time of Inspection: **10:50 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:

**HJ - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**12/06/2023**

Actual  
Completion  
Date:

**01/04/2024**

Status: **Corrected**

**Amy Fowler**

Provider Signature

**11/16/2023**

Date

**Sarah Deakins**

Inspector Signature

**11/16/2023**

Date