

# Family Day Care Inspection Compliance Plan

Provider's Name: **Leah Grueschow**

City: **Rapid City**

Provider Number: **016527880**

Inspector: **Tina Uecker**

Date of Inspection: **08/13/2024**

Time of Inspection: **12:23 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:	
<b>MK - Immunization Records</b> <b>PK - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>09/01/2024</b>	<b>08/27/2024</b>
	Status: <b>Corrected</b>	

**Leah Grueschow**

Provider Signature

**08/29/2024**

Date

**Tina Uecker**

Inspector Signature

**08/29/2024**

Date