

Family Day Care Inspection Compliance Plan

Provider's Name: **Carla Johnson**

City: **Rapid City**

Provider Number: **016599547**

Inspector: **Tina Uecker**

Date of Inspection: **01/02/2024**

Time of Inspection: **10:30 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:

DT - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

01/15/2024

Actual
Completion
Date:

01/03/2024

Status: **Corrected**

Carla Johnson

Provider Signature

01/02/2024

Date

Tina Uecker

Inspector Signature

01/02/2024

Date