Program Inspection
Informal Provider
Compliance Plan

Provider's Name:	**Jessica Hackett**	City:	**Sioux Falls**	Provider Number:	**018043124**
Inspector:	**Rita Trager**	Date of Inspection:	**01/23/2024**	Time of Inspection:	**9:34 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Prevention and control of infectious diseases

4. Immunization records verify that children in care meet the Department of Health's immunization standards 67:47:01:13.01

Corrections To Be Made:

Immunization records are not available for the chidren in care.

Immunization records to verify that the children in care meet the Department of Health's immunization standards to be provided to Office of Licensing and Accreditation.

***Correction: updated immunization records were received.**

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
02/10/2024	**01/26/2024**

Status: **Corrected**

Jessica Hackett	**01/23/2024**	**Rita Trager**	**01/23/2024**
Provider Signature	Date	Inspector Signature	Date