

Provider required to post this report.

## Family Day Care Inspection Compliance Plan

Provider's Name: **Patty Magnuson**  
Inspector: **Neal Cruse**

City: **Mitchell**  
Date of Inspection: **11/13/2024**

Provider Number: **014507851**  
Time of Inspection: **9:49 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:  
**MM - Immunization Records**

|                          |                   |
|--------------------------|-------------------|
| Agency Action:           |                   |
| <b>Compliance Plan</b>   |                   |
| Suggested                | Actual            |
| Completion               | Completion        |
| Date:                    | Date:             |
| <b>11/23/2024</b>        | <b>12/20/2024</b> |
| Status: <b>Corrected</b> |                   |



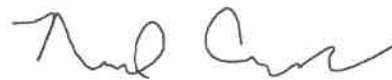
Provider Signature

**Patty Magnuson**

Name

**11/13/2024**

Date



Inspector Signature

**Neal Cruse**

Name

**11/13/2024**

Date