

# Family Day Care Inspection Compliance Plan

Provider's Name: **Kelly Postma**

City: **Madison**

Provider Number: **010602801**

Inspector: **Charles Anderson**

Date of Inspection: **02/28/2018**

Time of Inspection: **8:30 AM**

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

## B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:	Agency Action:	
<b>JG - Immunization Records</b> <b>RG - Immunization Records</b> <b>AM - Immunization Records</b> <b>NO - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>03/14/2018</b>	<b>03/19/2018</b>
	Status: <b>Corrected</b>	

**Kelly Postma**

Provider Signature

**02/28/2018**

Date

**Charles Anderson**

Inspector Signature

**02/28/2018**

Date