

Family Day Care Inspection Compliance Plan

Provider's Name: **Nerissa Strait**

City: **Pierre**

Provider Number: **010610725**

Inspector: **Christina Lusk**

Date of Inspection: **04/25/2018**

Time of Inspection: **9:01 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:	
DB - Immunization Records LD - Immunization Records JO - Immunization Records IS - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/09/2018	05/31/2018
	Status: Corrected	

Nerissa Strait

Provider Signature

04/25/2018

Date

Christina Lusk

Inspector Signature

04/25/2018

Date