

Family Day Care Inspection Compliance Plan

Provider's Name: **Sharon Shantz**

City: **Redfield**

Provider Number: **013002034**

Inspector: **Kelly Gnat**

Date of Inspection: **04/17/2019**

Time of Inspection: **1:22 PM**

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:

**JG - Immunization Records
CJ - Immunization Records
HO - Immunization Records
RO - Immunization Records
MS - Immunization Records**

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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05/01/2019

04/30/2019

Status: **Corrected**

Sharon Shantz

Provider Signature

04/17/2019

Date

Kelly Gnat

Inspector Signature

04/17/2019

Date