

Family Day Care Inspection Compliance Plan

Provider's Name: **Debbie Shaw**

City: **Redfield**

Provider Number: **013005085**

Inspector: **Kelly Gnat**

Date of Inspection: **04/16/2019**

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/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:	
FH - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/01/2019	04/29/2019
	Status: Corrected	

Debbie Shaw

Provider Signature

04/16/2019

Date

Kelly Gnat

Inspector Signature

04/16/2019

Date