

Family Day Care Inspection Compliance Plan

Provider's Name: **Toni Glass**

City: **Redfield**

Provider Number: **013009593**

Inspector: **Julie Hermansen**

Date of Inspection: **04/08/2019**

Time of Inspection: **10:30 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:	
SM - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	04/28/2019	04/19/2019
	Status: Corrected	

Toni Glass

Provider Signature

04/08/2019

Date

Julie Hermansen

Inspector Signature

04/08/2019

Date