

Family Day Care Inspection Compliance Plan

Provider's Name: **Toni Glass**

City: **Redfield**

Provider Number: **013009593**

Inspector: **Kelly Gnat**

Date of Inspection: **09/01/2020**

Time of Inspection: **3:35 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:	Agency Action:	
CH - Immunization Records SM - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/16/2020	09/21/2020
	Status: Corrected	

Toni Glass

Provider Signature

09/01/2020

Date

Kelly Gnat

Inspector Signature

09/01/2020

Date