

# Family Day Care Inspection Compliance Plan

Provider's Name: **Shawn Nichols**

City: **Redfield**

Provider Number: **015006959**

Inspector: **Eric Janke**

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

Time of Inspection: **10:33 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:	
<b>CJ - Immunization Records</b> <b>WW - Immunization Records</b> <b>BZ - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>05/27/2018</b>	<b>05/07/2018</b>
	Status: <b>Corrected</b>	

**Shawn Nichols**

Provider Signature

**04/25/2018**

Date

**Eric Janke**

Inspector Signature

**04/25/2018**

Date